2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004087

Entity Name: J.P. MORGAN SECURITIES LLC

Current Principal Place of Business:

383 MADISON AVE.
NEW YORK, NY 10179

Current Mailing Address:

383 MADISON AVE.
NEW YORK, NY 10179 US

FEI Number: 13-4110995

FILED
Apr 29, 2020
Secretary of State
0656879877CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	WINKELMAN, AMANDA D
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	JURY, CLAUDIA
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	STEIN, ERIC J
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	GELLER, JEREMY R
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	HARVEY, CHRISTOPHER L
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	TEPPER, ERIC D.
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	SIPPEL, JASON EDWIN
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Title	MANAGER
Name	HOLMES, ROBERT C
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AFIYA M. JORDAN ASSISTANT SECRETARY 04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY
Name	JORDAN, AFIYA M.
Address	383 MADISON AVE.
City-State-Zip:	NEW YORK NY 10179