

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005429

**Entity Name:** INTERNATIONAL FUND SERVICES (N.A.), L.L.C.

**Current Principal Place of Business:**

ONE CONGRESS STREET  
SUITE 1  
BOSTON, MA 02114

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**3714239008CC**

**Current Mailing Address:**

P.O. BOX 5501  
BOSTON, MA 02206 US

**FEI Number: 11-3644300**

**Certificate of Status Desired: Yes**

**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:** MADONNA CUDDIHY

01/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	WILLSHIRE, FRED	Name	BRADLEY, TRINA MARIE
Address	100 SUMMER STREET	Address	600 COLLEGE ROAD EAST
City-State-Zip:	BOSTON MA 02110	City-State-Zip:	PRINCETON NJ 08540
Title	MANAGER	Title	MANAGER
Name	AYLWARD, PATRICK	Name	SEEBODE, SALLY
Address	1255 BROAD STREET	Address	3550 LENOX ROAD NE SUITE 1400
City-State-Zip:	CLIFTON NJ 07013	City-State-Zip:	ATLANTA GA 30326
Title	MANAGER		
Name	BEHM, GEOFFREY		
Address	30 ADELAIDE STREET EAST SUITE 1100		
City-State-Zip:	TORONTO ON M5C 3G6		

*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:** TRINA BRADLEY

**AUTHORIZED SIGNER**

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date