

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007160

Entity Name: PIERPONT CAPITAL HOLDINGS LLC**Current Principal Place of Business:**245 PARK AVENUE
15TH FLOOR
NEW YORK, NY 10167**Current Mailing Address:**245 PARK AVENUE
15TH FLOOR
NEW YORK, NY 10167 US**FEI Number:** 27-1656380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CAREY, JAMES
Address	20 HORSENECK LANE
City-State-Zip:	GREENWICH CT 06850

Title	MANAGER
Name	TOPPER, DAVID
Address	55 EAST 52ND STREET
City-State-Zip:	NEW YORK NY 10055

Title	MANAGER
Name	DAVIS, CHARLES
Address	20 HORSENECK LANE
City-State-Zip:	GREENWICH CT 06850

Title	MANAGER
Name	HOGDSON, DAVID
Address	55 EAST 52ND STREET
City-State-Zip:	NEW YORK NY 10055

Title	MANAGER
Name	WERNER, MARK B
Address	245 PARK AVENUE 15TH FLOOR
City-State-Zip:	NEW YORK NY 10167

Title	MANAGER
Name	DOBSON, SEAN
Address	245 PARK AVENUE 15TH FLOOR
City-State-Zip:	NEW YORK NY 10167

Title	MANAGER
Name	WALSH , JOSEPH N. III
Address	245 PARK AVENUE 15TH FLOOR
City-State-Zip:	NEW YORK NY 10167

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: MICHAEL J. SANTANGELO**AUTHORIZED PERSON****01/09/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date