

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000000066

Entity Name: JPMORGAN CHASE HOLDINGS LLC

Current Principal Place of Business:

383 MADISON AVENUE
NEW YORK, NY 10179

Current Mailing Address:

383 MADISON AVENUE
NEW YORK, NY 10179 US

FEI Number: 81-3858870

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 BELL, JAMES A
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name CROWN, JAMES
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name DIMON, JAMES
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name JACKSON, LABAN JR
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name RAYMOND, LEE R
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name BAMMANN, LINDA
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name HOBSON, MELLODY
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name NEAL, MICHAEL A
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

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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: MARCELA CASTRO

ASSISTANT SECRETARY 04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name BURKE, STEPHEN B
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name COMBS, TODD A
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title MANAGER
Name FLYNN, TIMOTHY P
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY
Name CASTRO, MARCELA
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179