

**2021 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

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**1667120361CC**

**Current Mailing Address:**

383 MADISON AVENUE  
NEW YORK, NY 10179 US

**FEI Number: 13-2624428**

**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           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           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

Title           MANAGER  
Name           BURKE, STEPHEN B  
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           MANAGER  
Name           COMBS, TODD A  
Address        383 MADISON AVENUE  
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: CASTRO , MARCELA**

**VP**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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

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

Title MANAGER  
Name VIRGINIA, ROMETTY M.  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179