

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009979

Entity Name: 1919 INVESTMENT COUNSEL, LLC**Current Principal Place of Business:**435 L'AMBIANCE DRIVE
LONGBOAT KEY, FL 34228**Current Mailing Address:**STIFEL FINANCIAL CORP, ATTN; TAX DEPT
501 N BROADWAY
ST LOUIS, MO 63102 US**FEI Number:** 26-0103189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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** CHAIRMAN, PRESIDENT AND CHIEF
EXECUTIVE OFFICER**Name** O'MEALIA, HARRY**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR**Name** CONSTANTINE, WILLIAM J**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR, CHIEF
INVESTMENT OFFICER**Name** KING, CHARLES C**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR**Name** PIERCE, R SCOTT**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR**Name** BENZIGER, PAUL J**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR, PRESIDENT
AND PORTFOLIO OF ARTHUR
KARAFIN INVESTMENT ADVISORS
DEPARTMENT**Name** KARAFIN, ARTHUR**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR**Name** MOWEN, MEREDITH A**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**Title** MANAGING DIRECTOR**Name** HAAS, ANN**Address** 501 N BROADWAY**City-State-Zip:** ST LOUIS MO 63102**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: PEGGY PASQUARELLA**CFO****04/11/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGING DIRECTOR, CHIEF FINANCIAL OFFICER
Name PASQUARELLA, MARGARET M
Address 501 N BROADWAY
City-State-Zip: ST LOUIS MO 63102

Title PRINCIPAL
Name BEVILACQUA, ALISON
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Title PRINCIPAL
Name EUDY, AIMEE M
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Title PRINCIPAL
Name GALLAGHER, BRIAN P
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Title PRINCIPAL
Name JACKSON, JULIE
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Title PRINCIPAL
Name KRYGOWSKI, THOMAS
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Title PRINCIPAL
Name MASTERSON, MICHAEL
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Title PRINCIPAL
Name PERRY, CHRISTOPHER
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Title PRINCIPAL
Name TABB, ASHLEY S
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Title PRINCIPAL
Name VAHEESAN, RAM MATHI
Address 501 N BROADWAY
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Title PRINCIPAL, HEAD OF EQUITY RESEARCH

Title CHIEF COMPLIANCE OFFICER,
SENIOR MANAGING ATTORNEY,
PRINCIPAL AND SECRETARY
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Title PRINCIPAL
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Title PRINCIPAL
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Title PRINCIPAL
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Title PRINCIPAL
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Title PRINCIPAL
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Title PRINCIPAL
Name YAKIM, PHILIP J

Name WOROBEL, STEPHEN
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Title VICE PRESIDENT
Name BAILEY, RYAN B
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Title VICE PRESIDENT
Name DELPI, CHRIS
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Title VICE PRESIDENT
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Title CFO
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