2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2013
Secretary of State
CC3192360677

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Entity Name: JANNEY MONTGOMERY SCOTT LLC

Current Principal Place of Business:

1717 ARCH STREET, 19TH FLOOR
PHILADELPHIA, PA 19103

Current Mailing Address:

1717 ARCH STREET, 19TH FLOOR
PHILADELPHIA, PA 19103 US

FEI Number: 23-0731260

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	MGR
Name	MCDONNELL, EILEEN
Address	600 DRESHER ROAD
City-State-Zip:	HORSHAM PA 19044

Title	MGR
Name	LOMBARD, JEROME FJR
Address	1801 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103

Title	MGR
Name	CROONQUIST, G. THOMAS JR
Address	505 MAIN ST - 3RD FLOOR
City-State-Zip:	HACKENSACK NJ 07602

Title	MANAGER
Name	SHAFFER, SHEILA
Address	1255 23RD STREET N.W. SUITE 150
City-State-Zip:	WASHINGTON DC 20037

Title	MGR
Name	SCHEVE, TIMOTHY C
Address	1801 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103

Title	MGR
Name	JOHN, MAINE D
Address	1801 MARKET STREET
City-State-Zip:	PHILADELPHIA PA 19103

Title	MGR
Name	ESKIN, MARK R
Address	1801 MARKET ST
City-State-Zip:	PHILADELPHIA PA 19103

Title	MANAGER
Name	HENDERSON, MARK
Address	4 EMBARCADERO CENTER 100 DRUMM STREET SUITE 2610
City-State-Zip:	SAN FRANCISCO CA 94111

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEROME F. LOMBARD, JR. MANAGER 02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name O'MALLEY, DAVID M
Address 600 DRESHER ROAD
City-State-Zip: HORSHAM PA 19044

Title MANAGER
Name NASH, SCOTT
Address 1717 ARCH STREET
21ST FLOOR
City-State-Zip: PHILADELPHIA PA 19103

Title MANAGER
Name SINGER, STUART M
Address 2 MORROCROFT CENTRE
4064 COLONY ROAD SUITE 100
City-State-Zip: CHARLOTTE NC 28211

Title MANAGER
Name WALES, WAYNE
Address 1717 ARCH STREET
21ST FLOOR
City-State-Zip: PHILADELPHIA PA 19103