## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 842517** 

Entity Name: CHARLES SCHWAB & CO., INC.

**Current Principal Place of Business:** 

211 MAIN STREET

SAN FRANCISCO, CA 94105

**Current Mailing Address:** 

211 MAIN STREET

SAN FRANCISCO, CA 94105 US

FEI Number: 94-1737782 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. 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:

Name

Electronic Signature of Registered Agent Date

City-State-Zip:

SAN FRANCISCO CA 94105

Officer/Director Detail:

Title CEO, PRESIDENT, DIRECTOR Title SENIOR VICE PRESIDEN,

Name BETTINGER, WALTER W. II TREASURER

Address 211 MAIN STREET Name QUINN, WILLIAM F.

City-State-Zip: SAN FRANCISCO CA 94105

Address 211 MAIN STREET

City-State-Zip: SAN FRANCISCO CA 94105

Title EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY Title CFO, DIRECTOR, EXECUTIVE VICE

DWYER, CARRIE E. PRESIDENT

Name MARTINETTO, JOSEPH R.

Address 211 MAIN STREET Address 211 MAIN STREET

City-State-Zip: SAN FRANCISCO CA 94105 City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR Title ASSISTANT CORPORATE

Name SCHWAB, CHARLES R. SECRETARY

Address 211 MAIN STREET Name FRY, JANE E.

City-State-Zip: SAN FRANCISCO CA 94105 Address 211 MAIN STREET

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE E. FRY

ASSISTANT CORPORATE 04/07/2014
SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 07, 2014

**Secretary of State** 

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