

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 858443

Entity Name: ROYAL BANK OF CANADA**Current Principal Place of Business:**1 PLACE VILLE MARIE
MONTREAL, QC H3C 3A9**Current Mailing Address:**1 PLACE VILLE MARIE
MONTREAL, QC H3C 3A9 CA**FEI Number:** 13-5357855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title CHIEF FINANCIAL OFFICER
Name BOLGER, ROD A.
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name CHRISHOLM, ANDREW ALLEN
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name DARUVALA, TOOS NOSHIR
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name LABERGE, ALICE DELORES
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title ASSISTANT SECRETARY
Name MORETTI, DANIELA
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name COTE, JACYNTHE
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name DENISON, DAVID FRANCIS
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name MCCAIN, MICHAEL HARRISON
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

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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 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: KAREN MCCARTHY**SECRETARY****06/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MUNROE-BLUM, HEATHER ANNE
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name VAN KRALINGEN, BRIDGET ANNE
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title SECRETARY, VICE-PRESIDENT
Name MCCARTHY, KAREN
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3B 3A9

Title DIRECTOR
Name VETTESE, FRANK
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name TURCKE, MARYANN
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name TAYLOR, KATHLEEN PATRICIA
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name VANDAL, THIERRY
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR, PRESIDENT
Name MCKAY, DAVID IAN
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9

Title DIRECTOR
Name YABUKI, JEFFERY WILLIAM
Address 1 PLACE VILLE MARIE
City-State-Zip: MONTREAL QC H3C 3A9