2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2021
Secretary of State
5590459875CC

DOCUMENT# F01000002407

Entity Name: AMUNDI DISTRIBUTOR US, INC.

Current Principal Place of Business:

60 STATE ST.
BOSTON, MA 02109

Current Mailing Address:

60 STATE ST.
BOSTON, MA 02109 US

FEI Number: 04-3042318

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

Officer/Director Detail :

Title	CEO
Name	JONES, LISA M.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	TREASURER
Name	GRECCO, PATRICK D.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	CHAIRMAN OF THE BOARD
Name	JONES, LISA M.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	ASSISTANT SECRETARY
Name	DOBIN, ELLIOTT
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	CFO
Name	DOOLING, GREGG M.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	SECRETARY
Name	BEGLEY, MARGARET C.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	GENERAL COUNSEL
Name	CULLEN, TERRENCE J.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	ASSISTANT SECRETARY
Name	MELITO-DEZAN, HEATHER
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

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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: MARGARET C. BEGLEY SECRETARY 04/19/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JONES, LISA M.
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	BLANC, PATRICE
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	PALMER, LAURA L
Address	60 STATE ST.
City-State-Zip:	BOSTON MA 02109