2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2019
Secretary of State
3814306415CC

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Entity Name: BMO CAPITAL MARKETS CORP.

Current Principal Place of Business:

3 TIMES SQUARE
NEW YORK, NY 10036

Current Mailing Address:

3 TIMES SQUARE - 28TH FLOOR
NEW YORK, NY 10036 US

FEI Number: 13-3459853

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	DIRECTOR
Name	LIBROT, KENNETH
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	O'LEARY-GILL, DANIELA
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	ROTHBAUM, BRAD
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	SECRETARY
Name	MAGNAYE , MICHELLE
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	MYERS, PETER
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	REID, BRAD
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	TAVES, CHRIS
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

Title	VICE PRESIDENT
Name	MURPHY, PATRICK
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036

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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: MICHELLE MAGNAYE SECRETARY 04/23/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SONI, DEEPA
Address	3 TIMES SQUARE
City-State-Zip:	NEW YORK NY 10036