

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000477

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 ANDERSON, LESLIE
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 ROTHBAUM, BRAD
Address 3 TIMES SQUARE
City-State-Zip: NEW YORK NY 10036

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

Title DIRECTOR
Name CHAIKOWSKY, LARISSA
Address 111 W MONROE STREET
City-State-Zip: CHICAGO IL 60603

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****04/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date