

**2020 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            | LIBROT, KENNETH   |
| 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            | TAVES, CHRIS      |
| 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****03/27/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date