2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2024
Secretary of State
7390470954CC

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Entity Name: BMO CAPITAL MARKETS CORP.

Current Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

Current Mailing Address:

1209 ORANGE STREET
WILMINGTON, DE 19801 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	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	REID, BRAD
Address	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	HINTON, SUMMER
Address	151 W 42ND STREET
City-State-Zip:	NEW YORK NY 10036

Title	VICE PRESIDENT
Name	MURPHY, PATRICK
Address	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	BLAESING, CATHERINE
Address	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	ROTHBAUM, BRAD
Address	151 W 42ND STREET
City-State-Zip:	NEW YORK NY 10036

Title	SECRETARY
Name	MAGNAYE, MICHELLE
Address	300 E JOHN CARPENTER FREEWAY
City-State-Zip:	IRVING TX 75062

Title	DIRECTOR
Name	CHAIKOWSKY, LARISSA
Address	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

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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: CINDY SALAZAR ASSISTANT SECRETARY 04/08/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	SALAZAR, CINDY
Address	320 S CANAL STREET
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	FORLENZA, MICHAEL
Address	151 W 42ND STREET
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	COPPINS, MICHAEL
Address	151 W 42ND STREET
City-State-Zip:	NEW YORK NY 10036