

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000477

Entity Name: BMO CAPITAL MARKETS CORP.**Current Principal Place of Business:**151 W 42ND STREET
NEW YORK, NY 10036**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 BLAESING, CATHERINE
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 SECRETARY
Name MAGNAYE, MICHELLE
Address 300 E JOHN CARPENTER FREEWAY
City-State-Zip: IRVING TX 75062

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

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

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

Title DIRECTOR
Name COPPINS, MICHAEL
Address 151 W 42ND STREET
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: CINDY SALAZARASSISTANT CORP.
SECRETARY

03/14/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title CFO
Name WOODWARD, JOEL
Address 320 S CANAL STREET
City-State-Zip: CHICAGO IL 60606