

2013 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	CHMN
Name	TRIPP, ERIC
Address	1 FIRST CANADIAN PL
City-State-Zip:	TORONTO ON M5X 1-H3

Title	DIR
Name	MILLER, MICHAEL
Address	FIRST CANADIAN PLACE
City-State-Zip:	TORONTO ON M5X 1-H3

Title	AS
Name	PIERRE, YVONNE
Address	3 TIMES SQ - 28TH FLOOR
City-State-Zip:	NEW YORK NY 10036

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

Title	SEC
Name	ZEISS, MICHAEL G
Address	3 TIMES SQUARE 28TH FLOOR
City-State-Zip:	NEW YORK NY 10036

Title	DIR
Name	HOFFMEISTER, PERRY
Address	115 SOUTH LASALLE STREET
City-State-Zip:	CHICAGO IL 60603

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

Title	DIRECTOR
Name	SECCHIA, PAUL
Address	95 QUEEN VICTORIA STREET 2ND FLOOR
City-State-Zip:	LONDON ENGLAND EC4V 4HG

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: YVONNE PIERRE**ASSISTANT SECRETARY** 03/01/2013

Electronic Signature of Signing Officer/Director Detail

Date