

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003670

Entity Name: UBS ASSET MANAGEMENT (AMERICAS) INC.**Current Principal Place of Business:**ONE NORTH WACKER DR.
CHICAGO, IL 60606**Current Mailing Address:**ONE NORTH WACKER DR.
CHICAGO, IL 60606**FEI Number:** 36-3664388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	FERRI, WILLIAM
Address	ONE NORTH WACKER DR.
City-State-Zip:	CHICAGO IL 60606

Title	SECRETARY
Name	KEMPER, MARK F
Address	ONE NORTH WACKER DR.
City-State-Zip:	CHICAGO IL 60606

Title	TREASURER
Name	SQUIRES, DAVID S
Address	ONE NORTH WACKER DR.
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	SQUIRES, DAVID S
Address	ONE NORTH WACKER DR.
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	FERRI, WILLIAM
Address	ONE NORTH WACKER DR.
City-State-Zip:	CHICAGO IL 60606

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: MARK F. KEMPER**SECRETARY****01/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date