#### Electronic Signature of Signing Officer/Director Detail

# 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005359

Entity Name: E D & F MAN CAPITAL MARKETS INC.

## **Current Principal Place of Business:**

140 EAST 45TH STREET, 10TH FLOOR NEW YORK, NY 10017

### **Current Mailing Address:**

801 BRICKELL AVENUE SUITE 1450 MIAMI, FL 33131 US

### FEI Number: 13-4012624

#### Name and Address of Current Registered Agent:

LANG, CHAD K 201 ALHAMBRA CIRCLE, SUITE 1205 CORAL GABLES, FL 33134-5107 US FILED May 07, 2021 Secretary of State 4206515698CC

Certificate of Status Desired: Yes

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

## **Officer/Director Detail :**

Title	PRESIDENT, CEO AND DIRECTOR	Title	SVP, COO AND DIRECTOR	
Name	WEINHOFFER, JOSEPH C.	Name	POSNER, BRENT P.	
Address	140 EAST 45TH STREET, 10TH FLOOR	Address	140 EAST 45TH STREET, 10TH FLOOR	
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017	
Title	SVP, GENERAL COUNSEL AND	Title	EVP AND DIRECTOR	
	SECRETARY	Name	SMITH, CHRISTOPHER	
Name	HAYES, THOMAS A. JR.	Address	3 LONDON BRIDGE STREET	
Address	140 EAST 45TH STREET, 10TH FLOOR	City-State-Zip:	LONDON SE1 9SG	
City-State-Zip:	NEW YORK NY 10017	Title	DIRECTOR	
Title	DIRECTOR	Name	GREGSON, CHARLES	
Name	MOORE, JADE	Address	3 LONDON BRIDGE STREET	
Address	3 LONDON BRIDGE STREET	City-State-Zip:	LONDON SE1 9SG	
City-State-Zip:	LONDON SE1 9SG	Title	CHIEF RISK OFFICER AND DIRECTOR	
Title	SVP AND CFO	Name	HOOD, STEPHEN M.	
Name	BATES, CHRISTOPHER	Address	140 EAST 45TH STREET, 10TH FLOOR	
Address	140 EAST 45TH STREET, 10TH FLOOR	City-State-Zip:	NEW YORK NY 10017	
City-State-Zip:	NEW YORK NY 10017	Continues of	on page 2	

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: THOMAS A. HAYES JR.

SVP, GENERAL COUNSEL AND SECRETARY 05/07/2021

Date

Date

# **Officer/Director Detail Continued :**

Title	CHIEF COMPLIANCE OFFICER	Title	ASSISTANT SECRETARY
Name	DEMARTINO, FRANK P.	Name	MCAULAY, SUZANNE
Address	140 EAST 45TH STREET, 10TH FLOOR	Address	425 S. FINANCIAL PLACE, SUITE 1850
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	CHICAGO IL 60605
Title	ASSISTANT SECRETARY		
Name	COHEN, DOUGLAS N.		
Address	140 EAST 45TH STREET, 10TH FLOOR		