

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000004772

**Entity Name:** NATWEST MARKETS SECURITIES INC.**Current Principal Place of Business:**600 WASHINGTON BOULEVARD  
STAMFORD, CT 06901**Current Mailing Address:**600 WASHINGTON BOULEVARD  
STAMFORD, CT 06901 US**FEI Number:** 13-3172275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 CHRM/D/P  
Name STEVELMAN, PAUL  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title D  
Name SPEZZANO, CASEY  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title T  
Name AMOAH, DANIEL  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title D  
Name TAYLER, JAMES  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title D  
Name GIRARD, MICHELLE  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title S  
Name ESPOSITO, JAMES  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title VP/ASSIST. SEC.  
Name MCCARTY, RICHARD  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

Title D  
Name GOLOVANOV, VLADIMIR  
Address 600 WASHINGTON BOULEVARD  
City-State-Zip: STAMFORD CT 06901

**Continues 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:** SHERINE PALMER**ASSISTANT SECRETARY** 04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASSISTANT SECRETARY
Name	PALMER, SHERINE
Address	600 WASHINGTON BOULEVARD
City-State-Zip:	STAMFORD CT 06901