

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003935

Entity Name: T. ROWE PRICE TRUST COMPANY**Current Principal Place of Business:**100 E. PRATT STREET
BALTIMORE, MD 21202**Current Mailing Address:**100 E. PRATT STREET
BALTIMORE, MD 21202 US**FEI Number:** 52-1309931**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 DIRECTOR
Name MICKEL, CHERYL A.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title ASST. SECRETARY
Name EMORY, CHERYL L.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title PRESIDENT, CHAIRMAN,
SECRETARY, CEO, DIRECTOR
Name OESTREICHER, DAVID
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title VP, DIRECTOR
Name ANDERSON, DONNA F.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR
Name NEGRON, FRANCISCO J.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title TREASURER
Name HIEBLER, JESSICA M.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title ASST. SECRETARY
Name REILLY, KATHRYN LOUISE
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title CONTROLLER
Name HAKER, KIMBERLY A.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

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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: DAVID OESTREICHER**SECRETARY****03/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREENSTEIN, LEAH B.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title AML OFFICER
Name MCDAVID, ROBERT P.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR
Name ZOOK, KIMBERLY
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR
Name DAVIS, MICHAEL
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR
Name LEE, WYATT A.
Address 100 E. PRATT STREET
City-State-Zip: BALTIMORE MD 21202