

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004579

Entity Name: COUNTRYWIDE SECURITIES CORPORATION**Current Principal Place of Business:**31303 AGOURA ROAD
WESTLAKE VILLAGE, CA 91361**Current Mailing Address:**401 N TRYON ST, NC1-021-06-01
CHARLOTTE, NC 28255 US**FEI Number:** 95-3667085**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	DIRECTOR, PRESIDENT
Name	KEATING, MICHAEL D
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

Title	VP
Name	HOLMAN, CRYSTAL
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

Title	SECRETARY
Name	COSTAMAGNA, CHRISTINE M
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

Title	TREASURER
Name	MCCLURE, JANINE
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

Title	DIRECTOR
Name	D'AMORE, RORY M
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

Title	DIRECTOR
Name	WEBER, BRADLEY H
Address	401 N TRYON ST, NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255

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: CRYSTAL HOLMAN

VP

06/30/2020

Electronic Signature of Signing Officer/Director Detail_____
Date