

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30944

Entity Name: SCOTTRADE, INC.**Current Principal Place of Business:**700 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141**Current Mailing Address:**700 MARYVILLE CENTRE DRIVE
ST. LOUIS, MO 63141 US**FEI Number:** 86-0381976**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 PRESIDENT, DIRECTOR
Name RINEY, RODGER
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

Title TREASURER
Name BREFELD, JIM
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR, SECRETARY
Name WULF, JANE
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name DENNISON, DREW
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name MCCOMISH, CHRIS
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR
Name DESILVA, PETER
Address 700 MARYVILLE CENTRE DRIVE
City-State-Zip: ST. LOUIS MO 63141

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: JANE WULF**SECRETARY****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date