#### COMMODITY FUTURES TRADING COMMISSION

#### **FORM SEF**

#### **SWAP EXECUTION FACILITY**

# APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION <u>COVER SHEET</u>

TeraExchange, LLC

#### Exact name of Applicant as specified in charter

1971 NJ-34, Wall Township, NJ 07719

#### Address of principal executive offices

☐ If this is an APPLICATION for registration, complete in full and check here.
☑ If this is an AMENDMENT to an application, or to an existing order of registration,
list all items that are amended and check here.
Exhibits G, I, M, Q

#### **GENERAL INFORMATION**

- Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):
   Not applicable.
- 2. If name of swap execution facility is being amended, state previous swap execution facility name:

  Not applicable.
- 3. Contact information, including mailing address if different than address specified above:

Number and Street

Not applicable.

City	State	Country	Zip Code
(908)273-8200		(908)273-8255	
Main Phone Number		Fax	
www.teraexchange.com	cmartin@teraexchange.com		<u>l</u>
Website URL		E-mail Address	

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

Office Address

TeraExchange, LLC 1971 NJ-34, Wall Township, NJ 07719

5.	a. Date of success  Not applicable.  b. Full name and a	ing: ion		-	cution facility, please			
	Not applicable.	•						
	Name							
	Number and Street							
	City		State	Country	Zip Code			
	Main Phone Nu	mber	Website UR	L				
BUSIN	NESS ORGANIZAT	TION						
	Applicant is a: Corporation Partnership Limited Liability Co Other form of organ Date of incorporation	ization (specify)		3				
8.	State of incorporation	on or jurisdiction	of organizati	on: Delaware				
9.								
	an D. Martin, Chief I	Executive Office	er					
Print N	Name and Title							
	schange, LLC							
	of Applicant							
1971 N Numbe	NJ-34 er and Street							
	ownship		NJ		07719			
City	T I		State		Zip Code			

#### **SIGNATURES**

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 4<sup>th</sup> day of February 2022. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

TeraExchange, LLC

Name of Applicant

/s/ Christian D. Martin

Signature of Duly Authorized Person

Christian D. Martin, Chief Executive Officer

Print Name and Title of Signatory

## Exhibits to TeraExchange, LLC Form SEF

### **Table of Contents**

<u>Exhibit</u>	<u>Subject</u>	<u>Comments</u>
Exhibit G:	Organizational Documents	
Exhibit I:	Financial Information	Confidentiality Requested
Exhibit M:	Rulebook	
Exhibit Q:	Tera Trading Systems	Confidentiality Requested