

COMMODITY FUTURES TRADING COMMISSION

FORM SEF

**SWAP EXECUTION FACILITY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

COVER SHEET

SWAPEX, LLC

Exact name of Applicant as specified in charter

1230 Avenue of the Americas, 18th Floor, New York, NY 10020

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.

Exhibit N	Description of Service Agreements and Form Participant Documentation
Exhibit N-11	Limited Clearing Services Agreement with Chicago Mercantile Exchange Inc.
Exhibit U	Information Subject to Confidential Treatment Request

GENERAL INFORMATION

1. 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):

N/A

2. If name of swap execution facility is being amended, state previous swap execution facility name:

N/A

3. Contact information, including mailing address if different than address specified above:

N/A

Number and Street

City State Country Zip Code

Main Phone Number Fax

Website URL E-mail Address

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

<u>Office</u>	<u>Address</u>
<u>SwapEx, LLC</u>	<u>1230 Avenue of the Americas, 18th Floor, New York, NY 10020</u>

5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following: N/A

a. Date of succession

b. Full name and address of predecessor registrant

Name

Number and Street

City State Country Zip Code

Main Phone Number Website URL

Website URL

BUSINESS ORGANIZATION

6. Applicant is a:

- Corporation
- Partnership
- Limited Liability Company
- Other form of organization (specify) _____

7. Date of incorporation or formation: March 27, 2012

8. State of incorporation or jurisdiction of organization: Delaware

9. The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Tomas Zikas, Chief Executive Officer
Print Name and Title

SwapEx, LLC
Name of Applicant

1230 Avenue of the Americas, 18th Floor
Number and Street

<u>New York</u>	<u>New York</u>	<u>10020</u>
City	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 2nd day of October, 2013. 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.

SwapEx, LLC

Name of Applicant



Signature of Duly Authorized Person

Tomas Zikas, Chief Executive Officer

Print Name and Title of Signatory