COMMODITY FUTURES TRADING COMMISSION

FORM SEF

SWAP EXECUTION FACILITY APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION

COVER SHEET

	TeraEx	change,	LLC				
	Exact name of Applic						
	25 DeForest Ave, Suite 203, Summit, NJ 07901						
	Address of princ	cipal executiv	re offices				
X	If this is an APPLICATION for registration, compl	ete in full and	check here.				
	If this is an AMENDMENT to an application, or to amended and check here.	an existing or	der of registration, list all it	ems that are			
	GENERAL INFORMATION						
1.	Name under which the business of the swap execution specified above (include acronyms, if any): N/A	on facility is o	r will be conducted, if diffe	rent than name			
2.	If name of swap execution facility is being amended N/A	, state previou	s swap execution facility na	ame:			
3.	Contact information, including mailing address if di	fferent than ac	ldress specified above:				
	Same as above						
	Number and Street						
	City (908) 273-8277 Direct	State	Country	Zip Code			
	(908) 273-8200	(908) 2	273-8255				
	Main Phone Number	Fax					
	www.teraexchange.com	LN	luara@TeraExc	hange.com			
	Website URL	E-m	ail Address				

4.	List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:						
	Office Headquarters		:	Address 25 DeForest Ave, Suite 203			
				Summ	it, NJ 07901		
_							
5.	_	oplicant is a successor to a p	oreviously registered	i swap exect	ition facility, please co	implete the following:	
	a.	Date of succession					
	b. Full name and address of predecessor registrant						
		Name					
		Number and Street					
		City		State	Country	Zip Code	
		Main Phone Number		W	ebsite URL		
DII	CINIECC	ORGANIZATION					
ВО							
6.	Applicar	nt is a:					
	Corpora	tion					
	Partners	hip					
X		Liability Company					
Ц	Other fo	rm of organization (specify)				
7.	Date of i	incorporation or formation:	_July 11, 2	2013			
8.	State of	incorporation or jurisdiction	n of organization: _	Dela	ware		
9.		plicant agrees and consents lication may be given by se					
	Leonard T. Nuara, President and COO						
	Print Na	me and Title					
	Te	eraExchange, Ll	_C				
	Name of Applicant						
	2	5 DeForest Ave.	, Suite 203				
	Number	and Street					
	S	ummit	N	IJ		07901	
	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 26th day of July , 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.
	TeraExchange, LLC Name of Applicant
	Leonard T. Nuara
	Signature of Duly Authorized Person
	Leonard T. Nuary, President and COO
	Print Name and Title of Signatory