

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001153

FILED  
May 16, 2006  
Secretary of State

Entity Name: J.P. MORGAN TREASURY TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

10420 HIGHLAND MANOR DRIVE  
BL2  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

270 PARK AVENUE, 35TH FLOOR  
ATTN: TIMOTHY SAMSON  
NEW YORK, NY 10017

**New Mailing Address:**

FEI Number: 13-4102204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HRICIK, LORRAINE  
Address: 1 CHASE MANHATTAN PLAZA, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 100051401

Title: DP ( ) Delete  
Name: MCLAUGHLIN-MOORE, LINDA M  
Address: 10420 HIGHLAND MANOR DRIVE, 5TH FLOOR  
City-St-Zip: TAMPA, FL 336109128

Title: D ( ) Delete  
Name: MONACO, JULIE A  
Address: 1 CHASE MANHATTAN PLAZA, 10TH FLOOR  
City-St-Zip: NEW YORK, NY 10081

Title: D ( ) Delete  
Name: SIMPSON, PAUL H  
Address: 1 CHASE MANHATTAN PLAZA, 3RD FLOOR  
City-St-Zip: NEW YORK, NY 100051401

Title: DT ( ) Delete  
Name: ZAESKE, MARK  
Address: 1 CHASE MANHATTAN PLAZA, FLOOR 9  
City-St-Zip: NEW YORK, NY 100051401

Title: S ( ) Delete  
Name: BERRY, JAMES C P  
Address: 270 PARK AVENUE, FLOOR 35  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MCLAUGHLIN-MOORE, LINDA

DP

05/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date