



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 044 \*\*\*150.00

<b>DOCUMENT # F02000002083</b> 1. Entity Name <b>JPMORGAN DISTRIBUTION SERVICES, INC.</b>					
Principal Place of Business <b>1111 POLARIS PARKWAY COLUMBUS, OH 43271-1235</b>			Mailing Address <b>1111 POLARIS PKWY SUITE 2J COLUMBUS, OH 43271-1235 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1111 POLARIS PARKWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>1111 POLARIS PARKWAY</b> Suite, Apt. #, etc.			
City & State <b>COLUMBUS OH</b>		City & State <b>COLUMBUS OH</b>		4. FEI Number <b>74-2945358</b>	
Zip <b>43240</b>	Country	Zip <b>43240</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV YOUNG, ROBERT L 1111 POLARIS PKWY OH1-1235 COLUMBUS, OH 43240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS BERRY, JAMES C 270 PARK AVE NY1-K685 NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4 CHASE METROTECH CENTER NY1-C397 BROOKLYN NY 11245</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS DROZEK, FRANK J 10 S. DEARBORN IL1-0308 CHICAGO, IL 60603</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CATCH, GEORGE C 522 5TH AVE NY1-M228 NEW YORK, NY 10036</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT MACHULSKI, MICHAEL 1111 POLARIS PKWY OH1-0185 COLUMBUS, OH 43240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DETMER, JAMES T 522 5TH AVE NY1-M229 NEW YORK, NY 10036</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FIELDS, NANCY 1111 POLARIS PARKWAY OH1-1235 COLUMBUS OH 43240</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Frank J Drozek</u>  <span style="float: right;">312-407-8060</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					