2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002083

Entity Name: JPMORGAN DISTRIBUTION SERVICES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1111 POLARIS PARKWAY COLUMBUS, OH 432711235				245 PARK AVENUE 3RD FLR NEW YORK, NY 10167		
Current Mailing Address:				New Mailing Address:		
1111 POLARIS PKWY SUITE 2J COLUMBUS, OH 432711235 US				10 SOUTH DEARBORN IL1-0308 CHICAGO, IL 60603 US		
FEI Number: 74-2945358 FEI Number Applied For () FEI			FEI Nur	umber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
1200 SOU [*] PLANTATI The above	PORATION SYSTH PINE ISLATION, FL 33324 named entity second of the property of	ND ROAD US	urpose o	of changing i	ts registered	office or registered agent, or both,
SIGNATUF						
0.01		ic Signature of Registered Ager	nt			Date
Election Car	ກpaign Financinຸ	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	YOUNG, ROBE	PKWY OH1-1235		Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	BERRY, JAMES	ROTECH CENTER NY1-C397		Title: Name: Address: City-St-Zip:	MEADE, COL	TROTECH CENTER NY1-C397
Title: Name: Address: City-St-Zip:	DROZEK, FRAN 10 S. DEARBO	RN IL1-0308		Title: Name: Address: City-St-Zip:	DROZEK, FR	EARBORN IL1-0308
Title: Name: Address: City-St-Zip:	DP () CATCH, GEOR 245 FIFTH AVE NEW YORK, N	GE C NY1-Q251		Title: Name: Address: City-St-Zip:	GATCH, GEO	VE NY1-Q251
Title: Name: Address: City-St-Zip:	MACHULSKI, M	PKWY OH1-0185		Title: Name: Address: City-St-Zip:	MACHULSKI,	IS PARKWAY OH1-0185
Title: Name: Address: City-St-Zip:	FIELDS, NANC	PARKWAY OH1-1235		Title: Name: Address: City-St-Zip:	(() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: FRANK J DROZEK, ASST TREASURER AT 04/06/2009