

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007459

Entity Name: J.P. MORGAN INVESTMENT MANAGEMENT INC.**Current Principal Place of Business:**270 PARK AVENUE
NEW YORK, NY 10017**Current Mailing Address:**270 PARK AVENUE
NEW YORK, NY 10017 US**FEI Number: 13-3200244****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name DONOHUE, JOHN T
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name RICHTER, SCOTT EDWARD
Address 800 BROOKSEdge BOULEVARD
City-State-Zip: WESTERVILLE OH 430812822

Title TREASURER, DIRECTOR
Name SULLIVAN, CRAIG MICHAEL
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name AZELBY, JOSEPH K
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title DIRECTOR
Name DOWD, JOY C
Address 277 PARK AVENUE
City-State-Zip: NEW YORK NY 101720003

Title DIRECTOR
Name GATCH, GEORGE C
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title DIRECTOR
Name LASKOWITZ, JEDEDIAH ISIAH
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MICHELE, ROBERT
Address 60 VICTORIA EMBANKMENT
City-State-Zip: LONDON ENGLAND EC4Y 0JP

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I hereby 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 all other like empowered.

SIGNATURE: SCOTT EDWARD RICHTER**SECRETARY****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POWELL, ANDREW
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name UNREIN, LAWRENCE M
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179

Title DIRECTOR
Name YOUNG, ROBERT LYNN
Address 460 POLARIS PARKWAY
City-State-Zip: WESTERVILLE OH 43082

Title DIRECTOR
Name QUINSEE, PAUL ANTHONY
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name WURTH, DOUGLAS
Address 383 MADISON AVENUE
City-State-Zip: NEW YORK NY 10179