


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 004 ***150.00

DOCUMENT # 856924	
1. Entity Name J.P. MORGAN ELECTRONIC FINANCIAL SERVICES, INC.	

Principal Place of Business C/O CT CORPORATION SYSTEM 8430 W. BRYN MAWR 8TH FLOOR CHICAGO, IL 60631	Mailing Address 8430 W. BRYN MAWR AVENUE 8TH FLOOR LEGAL DEPARTMENT CHICAGO, IL 60631 US
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50003740



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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4. FEI Number 13-6190676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARK, MACKENZIE 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, MARK E 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SANECKI, JAMES 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KIBBLE-SMITH, BRIAN 8430 W BRYN MAWR AVE CHICAGO, IL 60631 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNGER, PAUL 6700 CITICORP DR. TAMPA, FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZZI, JOHN M 8430 W. BRYN MAWR AVE. CHICAGO, IL 60631 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Assistant Secretary Richard M. Gottlieb 1 Chase Manhattan Plaza New York, NY 10081 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  **John M. Guzzi, V.P. & Counsel** 1/10/05 773-380-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #