

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 039 ***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 <i>Same as mailing address</i>			Mailing Address 300 SOUTH RIVERSIDE PLAZA, 18TH FLOOR IL 1-0093 CHICAGO, IL 60606 US		
2. Principal Place of Business 300 South Riverside Plaza		3. Mailing Address 300 South Riverside Plaza			
Suite, Apt. #, etc. 18th Floor		Suite, Apt. #, etc. 18th Floor		01052006 Chg-P CR2E034 (11/05)	
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 13-6190676	
Zip 60606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARK, MACKENZIE <input type="checkbox"/> Delete 8430 W BRYN MAWR AVE CHICAGO, IL 60631		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 South Riverside Plaza, 18th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, MARK E <input type="checkbox"/> Delete 8430 W BRYN MAWR AVE CHICAGO, IL 60631		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 South Riverside Plaza, 18th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SANECKI, JAMES <input checked="" type="checkbox"/> Delete 8430 W BRYN MAWR AVE CHICAGO, IL 60631		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P., CFO Chris J. Paton 300 South Riverside Plaza, 18th Floor Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GOTTLIEB, RICHARD M <input type="checkbox"/> Delete 1 CHASE MANHATTAN PLAZA NEW YORK, NY 10081		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNGER, PAUL <input type="checkbox"/> Delete 6700 CITICORP DR. TAMPA, FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10430 Highland Manor Drive, 5th Floor Tampa, Florida 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUZZI, JOHN M <input type="checkbox"/> Delete 8430 W. BRYN MAWR AVE. CHICAGO, IL 60631		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 S. Dearborn, 11th Floor Chicago, IL 60603	
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.					
SIGNATURE _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			John M. Guzzi Date 1/18/06 312-732-5225 Daytime Phone #		