
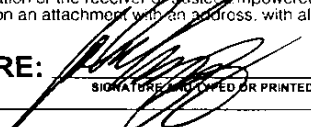


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90080 024 \*\*\*150.00

<b>DOCUMENT # 856924</b>			
1. Entity Name <b>J.P. MORGAN ELECTRONIC FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>300 S. RIVERSIDE PLAZA          18TH FLOOR          CHICAGO, IL 60606</b>		Mailing Address <b>300 S. RIVERSIDE PLAZA          18TH FLOOR          CHICAGO, IL 60606 US</b>	
2. Principal Place of Business - No P.O. Box # <b>300 S. Riverside Plaza</b> Suite, Apt. #, etc. <b>9th Floor</b>		3. Mailing Address <b>300 S. Riverside Plaza</b> Suite, Apt. #, etc. <b>9th Floor</b>	
City & State <b>Chicago, IL 60606</b>		City & State <b>Chicago, IL 60606</b>	
Zip <b>60606</b>	Country <b>USA</b>	Zip <b>60606</b>	Country <b>USA</b>
4. FEI Number <b>13-6190676</b>		Applied For <input type="checkbox"/> Not Applicable	
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>CT CORPORATION SYSTEM          1200 S. 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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsuring.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 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 <b>C</b> <input checked="" type="checkbox"/> Delete NAME <b>MARK, MACKENZIE</b> STREET ADDRESS <b>300 S. RIVERSIDE PLAZA, 18TH FLOOR</b> CITY-ST-ZIP <b>CHICAGO, IL 60606</b>	TITLE <b>CEO &amp; President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Lorraine E. Neill</b> STREET ADDRESS <b>2 Corporate Drive, Shelton, CT 06484</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>MACKENZIE, MARK E</b> STREET ADDRESS <b>300 S. RIVERSIDE PLAZA, 18TH FLOOR</b> CITY-ST-ZIP <b>CHICAGO, IL 60606</b>	TITLE <b>Chief Operating Officer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Neil Dugan</b> STREET ADDRESS <b>300 S. Riverside Plaza, Chicago, IL 60606</b>
TITLE <b>VCFO</b> <input checked="" type="checkbox"/> Delete NAME <b>PATON, CHRIS J</b> STREET ADDRESS <b>300 S. RIVERSIDE PLAZA, 18TH FLOOR</b> CITY-ST-ZIP <b>CHICAGO, IL 60606</b>	TITLE <b>Assistant Secretary</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Mary Valdez</b> STREET ADDRESS <b>10 S. Dearborn St.          Chicago, IL 60603</b>	TITLE <b>VPAS</b> <input checked="" type="checkbox"/> Delete NAME <b>GOTTLIEB, RICHARD M</b> STREET ADDRESS <b>1 CHASE MANHATTAN PLAZA</b> CITY-ST-ZIP <b>NEW YORK, NY 10081</b>	TITLE <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Phoebe Stevenson</b> STREET ADDRESS <b>300 S. Riverside Plaza, 9th Floor          Chicago, IL 60606</b>
TITLE <b>T</b> <input checked="" type="checkbox"/> Delete NAME <b>UNGER, PAUL</b> STREET ADDRESS <b>10430 HIGHLAND MANOR DR. 5TH FLOOR</b> CITY-ST-ZIP <b>TAMPA, FL 33610</b>	TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>GUZZI, JOHN M</b> STREET ADDRESS <b>10 S. DEARBORN, 11TH FLOOR</b> CITY-ST-ZIP <b>CHICAGO, IL 60603</b>	TITLE <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Phoebe Stevenson</b> STREET ADDRESS <b>300 S. Riverside Plaza, 9th Floor          Chicago, IL 60606</b>	TITLE <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Phoebe Stevenson</b> STREET ADDRESS <b>300 S. Riverside Plaza, 9th Floor          Chicago, IL 60606</b>
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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> 		<b>John M. Guzzi</b>	
		<b>1/10/08</b>	
		<b>312-732-5225</b>	
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	