## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 856924**

FILED Jan 05, 2009 Secretary of State

Entity Name: J.P. MORGAN ELECTRONIC FINANCIAL SERVICES, INC.

current P	rincipal Place	of Business:	New Principal Pla	ce of Business:	
TH FLOO	'ERSIDE PLAZA OR , IL 60606	A			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
TH FLOO		A S	300 S. RIVERSIDE 9TH FLOOR CHICAGO, IL 6060		
El Number	: 13-6190676	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
200 S. PI PLANTAT The above	ORATION SYS' NE ISLAND RC ION, FL 33324 named entity selections	AD US	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
lection Ca	Electroni	Trust Fund Contribution ( ).		Date  NGES TO OFFICERS AND DIRECTOR	
lection Ca	Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  CORS:  Delete NE E  DRIVE,			
DFFICER.  tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	Electronic	Trust Fund Contribution ( ).  ORS:  Delete NE E DRIVE, 16484  Delete DE PLAZA, 18TH FLOOR	ADDITIONS/CHAN Title: Name: Address:	NGES TO OFFICERS AND DIRECTO	
Jection Car DFFICER itle: ame: ddress:	Electronic	Trust Fund Contribution ( ).  TORS:  Delete NE E DRIVE, 106484  Delete DE PLAZA, 18TH FLOOR 10606  Delete EN ST	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	NGES TO OFFICERS AND DIRECTO	
lection Car  DFFICER  itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	Electronic	Trust Fund Contribution ( ).  TORS:  Delete NE E DRIVE, 16484  Delete DE PLAZA, 18TH FLOOR 16006  Delete N ST 16003  Delete HOEBE DE PLAZA, 9TH FLOOR	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) 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: MARY E. VALDEZ AS 01/05/2009