2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State F01000006410 DOCUMENT # 1. Entity Name 03-06-2002 90047 031 ***150.00 J.P. MORGAN CORPORATE BUSINESS INC. Principal Place of Business Mailing Address 270 PARK AVENUE, 35TH FLOOR 270 PARK AVENUE. 35TH FLOOR 508020 NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3867813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE DUNCAN, WILLIAM M NAME NAME 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WOLLCOTT, MALCOLM E JR. NAME 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change ☐ Addition NAME ZUK, VASYL M NAME STREET ADDRESS 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Delete TITLE ☐ Change Addition TITLE CARROLL, ROBERT C NAME NAME 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BEGLEY, LEISA NAME NAME 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP ___ Delete ☐ Change ☐ Addition TITLE TITLE HORAN, ANTHONY NAME NAME 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if

SIGNATURE:

changed, or on an attag

2/14/02 Date

212/270-3902

FILED