

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 043 ***150.00

DOCUMENT # F02000002083		
1. Entity Name JPMORGAN DISTRIBUTION SERVICES, INC.		

Principal Place of Business 1111 POLARIS PARKWAY COLUMBUS, OH 43271-1235	Mailing Address 1111 POLARIS PKWY SUITE 2J COLUMBUS, OH 43271-1235 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40070000



04212006 Chg-P CR2E034 (11/05)

4. FEI Number 74-2945358		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

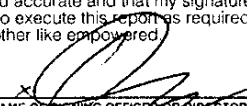
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	☐ Delete		TITLE	DV	☒ Change	☐ Addition
NAME	YOUNG, ROBERT L			NAME			
STREET ADDRESS	1111 POLARIS PKWY OH1-1235			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43240			CITY-ST-ZIP			
TITLE	S	☒ Delete		TITLE	VS	☐ Change	☒ Addition
NAME	RICHTER, SCOTT E			NAME	BERRY, JAMES C		
STREET ADDRESS	1111 POLARIS PKWY.			STREET ADDRESS	270 PARK AVENUE NY1-K685		
CITY-ST-ZIP	COLUMBUS, OH 43240			CITY-ST-ZIP	NEW YORK NY 10017		
TITLE	AS	☒ Delete		TITLE	AUTHORIZED SIGNER	☐ Change	☒ Addition
NAME	STIEGEL, JAMES S			NAME	DROZEK, FRANK J		
STREET ADDRESS	ONE NORTH DEARBORN ST., IL1-0308			STREET ADDRESS	10 SOUTH DEARBORN IL1-0308		
CITY-ST-ZIP	CHICAGO, IL 60602			CITY-ST-ZIP	CHICAGO IL 60603		
TITLE	DP	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	GATCH, GEORGE C			NAME			
STREET ADDRESS	522 FIFTH AVENUE NY1-M228			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10036			CITY-ST-ZIP			
TITLE	DVT	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MACHULSKI, MICHAEL			NAME			
STREET ADDRESS	1111 POLARIS PARKWAY OH1-0185			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43240			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	DETMER, JAMES T			NAME			
STREET ADDRESS	522 FIFTH AVENUE NY1-M229			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10036			CITY-ST-ZIP			

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: Frank J. Drozek  **312-407-8060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #