



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90413 006 \*\*\*150.00

<b>DOCUMENT # F02000003417</b> 1. Entity Name <b>JPMORGAN INVESTMENT ADVISORS INC.</b>					
Principal Place of Business <b>1111 POLARIS PARKWAY COLUMBUS, OH 43240</b>			Mailing Address <b>1111 POLARIS PARKWAY SUITE 2-J COLUMBUS, OH 43240</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>31-1192865</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent 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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO KUNDERT, DAVID J 1111 POLARIS PARKWAY COLUMBUS, OH 43240	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C KENNETH J. PHELAN 270 PARK AVENUE NY1-K472 NEW YORK NY 10017
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNING, SUSAN M 1111 POLARIS PKWY, SUITE 4-P OH1-0152 COLUMBUS, OH 43240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO HORN, VERLIN L 1111 POLARIS PARKWAY OH1-0213 COLUMBUS, OH 43240
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP LANGLEY, BEVERLY J 1111 POLARIS PARKWAY COLUMBUS, OH 43240	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY J. MADICH 1111 POLARIS PARKWAY OH1-0211 COLUMBUS OH 43240
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT H MOBR, CHRISTOPHER J 100 EAST BROAD STREET OH1-0252 COLUMBUS, OH 43215	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED SIGNER JAMES S. STIEGEL ONE NORTH DEARBORN IL1-0308 CHICAGO IL 60602
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: James S. Stiegel</b> x <i>James Stiegel</i> x <b>4/21/05</b> <b>312-336-7727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					