
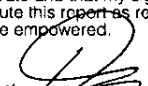


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90182 047 ***150.00

DOCUMENT # F02000003417 1. Entity Name JPMORGAN INVESTMENT ADVISORS INC.					
Principal Place of Business 1111 POLARIS PARKWAY COLUMBUS, OH 43240			Mailing Address 1111 POLARIS PARKWAY SUITE 2-J COLUMBUS, OH 43240		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1111 POLARIS PARKWAY Suite, Apt. #, etc.			
City & State Zip Country		City & State COLUMBUS OH Zip Country 43240			
4. FEI Number 31-1192865		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERNSEY, EVELYN E 522 5TH AVE NY1-M048 NEW YORK, NY 10036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP 245 PARK AVE NY1-Q352 NEW YORK NY 10167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNING, SUSAN M 1111 POLARIS PKWY OH1-0152 COLUMBUS, OH 43240		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOEL, JOHN C 1111 POLARIS PKWY OH1-0211 COLUMBUS, OH 43240		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, SETH P 522 5TH AVE NY1-M089 NEW YORK, NY 10036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	245 PARK AVE NY1-Q353 NEW YORK NY 10167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOBR, CHRISTOPHER J 100 EAST BROAD ST OH1-0252 COLUMBUS, OH 43215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMY A PAPPAS 245 PARK AVE NY1-Q367 NEW YORK NY 10167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DROZEK, FRANK J 10 SOUTH DEARBORN IL1-0308 CHICAGO, IL 60603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Frank J Drozek</u>  <u>0706 07</u> 312-407-8060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>					