2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000979

Entity Name: J.P. MORGAN SERVICES INDIA PRIVATE LIMITED, INC.

Apr 17, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Jurient Principal Place of Business:	New Fillicipal Flace of Business

TECHNOPOLIS KNOWLEDGE PARK, 3RD FLOOR NOS. 1-9, MAHSKALI CAVE RD. CHAKALA JUNCTION, ANDHERI (E. OC

OFFICE OF THE SECRETARY, COLLEEN A MEADE

PRISM TOWERS LEVEL NOS. 9 TO 11, LINK ROAD MINDSPACE, MALAD (WEST)

MUMBAI, INDIA, XX 400064

New Mailing Address: **Current Mailing Address:**

> PRISM TOWERS LEVEL NOS. 9 TO 11, LINK ROAD MINDSPACE, MALAD (WEST)

MUMBAI, INDIA, XX 400064

FEI Number: 98-0470184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

C/O JPMORGAN CHASE BANK, N.A.

NEW YORK, NY 10004

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

MANGLA, DEEPAK CEO Name:

PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W Address:

City-St-Zip: MUMBAI, INDIA, XX 400064 XX

Title:

KURUP, JAYDEEP SEC Name:

PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W Address:

MUMBAI, INDIA, XX 400064 XX City-St-Zip:

Title:

COMPTON, PAUL HERBERT D Name:

PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W Address:

City-St-Zip: MUMBAI, INDIA, XX 400064 XX

Title:

DUFFY, BRIAN R.H. D Name:

Address: PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W

City-St-Zip: MUMBAI, INDIA, XX 400064 XX

Title:

Name: KRASS, JAMES F D

PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W Address:

City-St-Zip: MUMBAI, INDIA, XX 400064 XX

Title:

Name: LOONEY, MICHAEL J D

PR T LEV NOS 9 -11 L RD MINDSPACE, MALAD W Address:

City-St-Zip: MUMBAI, INDIA, XX 400064 XX

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO POA 04/17/2012