

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

0110542 AT

DOCUMENT # **F99000004426**

1. Entity Name
J.P. MORGAN ALTERNATIVE ASSET MANAGEMENT, INC.

09-15-2002 90092 036 ***158.75

Principal Place of Business Mailing Address
1211 AVENUE OF THE AMERICAS 1211 AVENUE OF THE AMERICAS
NEW YORK NY 10036 NEW YORK NY 10036

011714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. **42nd FLOOR**
 3. Mailing Address Suite, Apt. #, etc. **42nd FLOOR**

City & State City & State

4. FEI Number **13-3414427** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOJKA, SANDRA	
STREET ADDRESS	3 WOODLAND AVE	
CITY-ST-ZIP	MATAWAN NJ 07747	
TITLE	C	<input type="checkbox"/> Delete
NAME	O'CONNOR, JOHN M	
STREET ADDRESS	580 PARK AVENUE A PT 4C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOJKA, SANDRA	
STREET ADDRESS	43-35 195 STREET	
CITY-ST-ZIP	FLUSHING NY 11358	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GIORGIO, FRANCIS	
STREET ADDRESS	19 DONALD DRIVE	
CITY-ST-ZIP	SYOSSET NY 11791	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, MARK R	
STREET ADDRESS	175 EAST 62ND STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROSTANO, STEPHEN E	
STREET ADDRESS	375 OAKLAND SEARCH AVENUE	
CITY-ST-ZIP	RYE NY 10580	

TITLE	P/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL KATZMAN	
STREET ADDRESS	3200 Shore Drive	
CITY-ST-ZIP	Merrick, NY 11566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 reports 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **9-12-02** Daytime Phone # _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



871914

Kate Duffy
Vice President
Compliance

September 11, 2002

#F9900000 4426

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: J. P. Morgan Alternative Asset Management, Inc. ("JPMAAM")

To Whom it May Concern:

Enclosed please find a completed copy of the Uniform Business Report and a check for \$158.75 to satisfy JPMAAM's annual filing fee in the State of Florida.

Please be advised that JPMAAM did not receive the initial filing notice, and is therefore respectfully requesting a waiver of the \$400 late fee, pursuant to the instructions listed in item 8. of the "Frequently Asked Questions" section.

Kindly acknowledge receipt of this filing by signing or stamping the enclosed copy of this letter and returning it in the self-addressed envelope provided.

Please do not hesitate to contact me if you have any questions regarding this filing.

Yours very truly,



871914

#F9900000 4426

Kate Duffy
Vice President
Compliance

September 11, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: J. P. Morgan Alternative Asset Management, Inc. ("JPMAAM")

To Whom it May Concern:

Enclosed please find a completed copy of the Uniform Business Report and a check for \$158.75 to satisfy JPMAAM's annual filing fee in the State of Florida.

Please be advised that JPMAAM did not receive the initial filing notice, and is therefore respectfully requesting a waiver of the \$400 late fee, pursuant to the instructions listed in item 8. of the "Frequently Asked Questions" section.

Kindly acknowledge receipt of this filing by signing or stamping the enclosed copy of this letter and returning it in the self-addressed envelope provided.

Please do not hesitate to contact me if you have any questions regarding this filing.

Yours very truly,

A handwritten signature in cursive script that reads "Kate Duffy".