SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07280** **(1)**

1. Corporation Name
J.P. MORGAN SECURITIES INC.

Principal Place of Business
60 WALL STREET
NEW YORK NY 10260

Mailing Address
60 WALL STREET
NEW YORK NY 10260

3. Date Incorporated or Qualified: **09/03/1985**
3a. Date of Last Report: **07/26/1995**

4. FEI Number: **13-3224016** — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired [XX] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [XX] No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of Officer or Director — Print Name and Title — Registered Agent Signature required if changed — Date

12. OFFICERS AND DIRECTORS

TITLE	C	[ ] DELETE
NAME	THIEKE, STEPHEN G	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	
TITLE	SMDC	[ ] DELETE
NAME	ROBBINS RACHEL F.	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	
TITLE	VC	[ ] DELETE
NAME	DEOLIVEIRA, RAMON	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	
TITLE	VC	[ ] DELETE
NAME	ROHATYN, NICOLAS S	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	
TITLE	P	[ ] DELETE
NAME	TRUNZ, CHARLES M III	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	
TITLE	VCMD	[ ] DELETE
NAME	HANCOCK, PETER D	
STREET ADDRESS	60 WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10260	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	[ ] Change [XX] Addition
1.2 NAME	Neal, Monica J.	
1.3 STREET ADDRESS	60 Wall Street	
1.4 CITY-ST-ZIP	New York, NY 10260	
2.1 TITLE	SMD	[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***233.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Monica J. Neal — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Monica J. Neal, Assistant Secretary

July 16, 1996 — DATE
(212)648-3490 — Daytime Phone #

05 8/21/96

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