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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 038 ***150.00

DOCUMENT # P07280

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1985

4. FEI Number

13-3224016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 SMD ☐ DELETE

NAME ROBBINS RACHEL F.
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK NY 10260

TITLE CP ☐ DELETE

NAME ROSE, CLAYTON S.
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK NY 10260

TITLE VCMD ☐ DELETE

NAME ROHATYN, NICOLAS S
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK NY 10260

TITLE MD ☐ DELETE

NAME TRUNZ, CHARLES M III
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK NY

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

11 TITLE MD ☒ Change ☐ Addition

12 NAME Thieke, Stephen G
13 STREET ADDRESS 60 Wall St.
14 CITY-ST-ZIP New York, NY 10260

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Rachel F. Robbins

1/12/99

Date

212-648-3415

Daytime Phone #

CR2E034 (11/98)