

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90069 009 \*\*\*150.00

**DOCUMENT # P20874**

1. Entity Name

**J.P. MORGAN SECURITIES INC.**



Principal Place of Business

**270 PARK AVE  
CORP. SEC'Y OFFICE, 35TH FLOOR  
NEW YORK NY 10017  
US**

Mailing Address

**270 PARK AVE  
CORP. SEC'Y OFFICE, 35TH FLOOR  
NEW YORK NY 10017  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3379014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME BRANDOW, PAUL W  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ASMD ☐ Delete  
NAME OLIVA, JOHN  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE CFOD ☒ Delete  
NAME HUTTER, JAMES D  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE T ☒ Delete  
NAME CRULINS, JAMES N  
STREET ADDRESS 575 WASHINGTON BLVD  
CITY-ST-ZIP PATERSON NJ 07510

TITLE MD ☒ Delete  
NAME MCGINNIS, JAMES F  
STREET ADDRESS 270 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE VCMD ☐ Delete  
NAME WERNER, MARK  
STREET ADDRESS 270 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10017

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO ☐ Change ☐ Addition  
NAME JAMES H. COLLINS  
STREET ADDRESS 575 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY, NJ 07510

TITLE T ☐ Change ☐ Addition  
NAME USA J. FITZGERALD  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE SECRETARY ☐ Change ☐ Addition  
NAME JAMES C.P. BERRY  
STREET ADDRESS 270 PARK AVENUE  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

(212) 270-2676

Daytime Phone #