
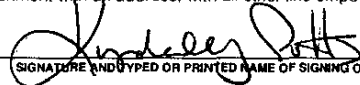


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 035 ***150.00

DOCUMENT # P29416							
1. Entity Name J.P. MORGAN FUND DISTRIBUTORS, INC.							
Principal Place of Business 3435 STELZER ROAD COLUMBUS, OH 43219 US			Mailing Address 3435 STELZER ROAD COLUMBUS, OH 43219 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 13-3565208			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CCEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LYNN J MANGUM		NAME	RUSSELL P. Fradin			
STREET ADDRESS	150 CLOVE RD		STREET ADDRESS	90 Park Avenue, 10th Fl.			
CITY-ST-ZIP	LITTLE FALLS, NJ 07424		CITY-ST-ZIP	New York, NY 10016			
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	EVP/CFD/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MANGUM, LYNN J		NAME	James L. Fox			
STREET ADDRESS	150 CLOVE RD		STREET ADDRESS	100 Summer St, Suite 1401			
CITY-ST-ZIP	LITTLE FALLS, NJ 07424		CITY-ST-ZIP	Boston, MA 02110			
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	EVP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GILLIAM, JOHN P		NAME	Kerin J. Dall			
STREET ADDRESS	3435 STELZER ROAD		STREET ADDRESS	90 Park Ave., 10th Fl.			
CITY-ST-ZIP	COLUMBUS, OH 43147		CITY-ST-ZIP	New York, NY 10016			
TITLE	VPCF	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHEEHAN, DENNIS		NAME	William J. Tomko			
STREET ADDRESS	BISYS, 150 COVE ROAD		STREET ADDRESS	3435 Stelzer Rd			
CITY-ST-ZIP	LITTLE FALLS, NJ 07424		CITY-ST-ZIP	Columbus, OH 43219			
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RYBARCZYK, MARK J		NAME	Edward S. Forman			
STREET ADDRESS	11 GREENWAY PLAZA		STREET ADDRESS	245 5th Ave			
CITY-ST-ZIP	HOUSTON, TX 77046		CITY-ST-ZIP	New York, NY 10016			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAXT, RICHARD		NAME	Kyndall J. Potts			
STREET ADDRESS	90 PARK AVENUE, 10TH FLOOR		STREET ADDRESS	3435 Stelzer Rd			
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP	Columbus, OH 43219			
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: 		4/28/04		614-470-8017			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			