

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857349

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**3198551625CC**

**Entity Name:** J.P. MORGAN CHASE NATIONAL CORPORATE SERVICES, INC.

**Current Principal Place of Business:**

383 MADISON AVENUE  
NEW YORK, NY 10179

**Current Mailing Address:**

383 MADISON AVENUE  
NEW YORK, NY 10179 US

**FEI Number: 13-2781984**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR AND TREASURER  
Name KELLOGG, TIMOTHY W  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title DIRECTOR  
Name WEIN, ALIZA F  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY AND VICE PRESIDENT  
Name JORDAN, AFIYA M.  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY AND VICE PRESIDENT  
Name KANTESARIA, AMEE  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY  
Name HSU, AMY  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title DIRECTOR AND PRESIDENT  
Name CARIOTI, DIANE S  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY  
Name COREY, JOANNA ISABEL PALACIOS  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

Title ASSISTANT SECRETARY  
Name CASTRO, MARCELA  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROCHELLE D KRANZLER**

**ASSISTANT SECRETARY 04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY AND VICE PRESIDENT  
Name KRANZLER, ROCHELLE D  
Address 383 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10179