

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000775

Entity Name: J.P. MORGAN INSTITUTIONAL INVESTMENTS INC.**Current Principal Place of Business:**270 PARK AVENUE
NEW YORK, NY 10017**Current Mailing Address:**270 PARK AVENUE
NEW YORK, NY 10017 US**FEI Number:** 13-4062153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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 PRESIDENT/DIRECTOR
Name GATCH, GEORGE C.
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name BLOCK, MARY J
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title VICE PRESIDENT/SECRETARY
Name MEADE, COLLEEN A.
Address 4 NEW YORK PLAZA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name KEATING, CATHERINE M
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MACHULSKI, MICHAEL M
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MUSTO, DAVID L
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name YOUNG, ROBERT L.
Address 270 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

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: COLLEEN A. MEADE**SECRETARY****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date