

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211529564

1.) CORPORATION NAME:

J.P. Morgan Investment Management Inc.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD
STE 301**

SCC ID NO: **F1846007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	45,000

GLEN ALLEN, VA 23060

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 270 PARK AVENUE

CITY/ST/ZIP: NEW YORK, NY 10017-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE C GATCH	
TITLE:	PRES/CEO	
ADDRESS:	270 PARK AVENUE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL L TUCKER	
TITLE:	VICE PRESIDENT	
ADDRESS:	270 PARK AVENUE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG M SULLIVAN	
TITLE:	TREASURER/CFO	
ADDRESS:	270 PARK AVENUE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	COLLEEN MEADE	
TITLE:	ASST SECRETARY	
ADDRESS:	270 PARK AVENUE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL A. QUINSEE	
TITLE:	DIRECTOR	
ADDRESS:	270 PARK AVENUE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-	

NAME: ROBERT L. YOUNG TITLE: DIRECTOR ADDRESS: 270 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: CLIVE STUART BROWN TITLE: DIRECTOR ADDRESS: 270 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ COLLEEN MEADE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	COLLEEN MEADE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/10/2011 DATE
--	--	--------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.