

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 JUN 21 AM 8:16

DOCUMENT # F93000003823 (2)

1. Corporation Name

WALNUT STREET ADVISERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 46905
ST. LOUIS MO 63146

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ST. LOUIS MO 63146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

43-1618558

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.022, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	WOLZENSKI, BERNARD H
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO 63146
TITLE	D
NAME	NICHOLSON, TIMOTHY C
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO
TITLE	P
NAME	LORIO, RENE' C
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO
TITLE	V
NAME	WULLER, DON P
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO 63146
TITLE	S
NAME	SVETANICS, MILTON F JR
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO 63146
TITLE	TD
NAME	RUBENSTEIN, LEONARD
STREET ADDRESS	1801 PARK 270 DR., SUITE 220
CITY ST ZIP	ST LOUIS MO 63146

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	WOLZENSKI, BERNARD H.	
3. STREET ADDRESS	1801 PARK 270 DR., SUITE 220	
4. CITY ST ZIP	ST. LOUIS, MO 63146	
2. TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NICHOLSON, TIMOTHY C.	
3. STREET ADDRESS	1801 PARK 270, SUITE 220	
4. CITY ST ZIP	ST. LOUIS, MO 63146	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUBENSTEIN, LEONARD	
6.3 STREET ADDRESS	1801 PARK 270 DR. SUITE 220	
6.4 CITY ST ZIP	ST. LOUIS, MO 63146	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Don P. Wuller

DON P. WULLER

6-13-95

314-878-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)