

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115590

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000003823 (2)

1. Corporation Name
 WALNUT STREET ADVISERS, INC.



Principal Place of Business: 670 MASON RIDGE CTR, 300, ST. LOUIS MO 63141, US
 Mailing Address: 670 MASON RIDGE CTR, 300, ST. LOUIS MO 63141, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
 4. FEI Number: 43-1618558
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 400 S. 4th Street, Suite, Apt. #, etc., 22 Suite 1000, City & State, 23 St. Louis, MO, Zip, 24 63102, Country, 25 US
 2a. Mailing Address: 26 400 S. 4th Street, Suite, Apt. #, etc., 27 Suite 1000, City & State, 28 St. Louis, MO, Zip, 29 63102, Country, 30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City, 85 Zip Code: FL

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLZENSKI, BERNARD H	1.2 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	1.3 STREET ADDRESS	5124 Carriage Trace Dr.
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	St. Louis, MO 63128
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD J MILLER	2.2 NAME	
STREET ADDRESS	14049 FOREST CREST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY L GUCWA	3.2 NAME	
STREET ADDRESS	670 MASON RIDGE CARTER DR	3.3 STREET ADDRESS	12392 Creek Run Dr.
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	St. Louis, MO 63141
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULLER, DON P	4.2 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	4.3 STREET ADDRESS	1729 Shiloh Ridge
CITY-ST-ZIP	ST LOUIS MO 63146	4.4 CITY-ST-ZIP	Chesterfield, MO 63005
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVETANICS, MILTON F JR	5.2 NAME	
STREET ADDRESS	1801 PARK 270 DR., SUITE 220	5.3 STREET ADDRESS	10225 Lockaway Dr.
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	St. Louis, MO 63137
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F THOMAS HUGHS, JR	6.2 NAME	E. Thomas Hughes, Jr.
STREET ADDRESS	700 MARKET ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	

14. 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 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: [Signature] 7/15/98 211-244-92012

CR2E034 (5/98)