


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90079 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003823**

1. Corporation Name  
**WALNUT STREET ADVISERS, INC.**



Principal Place of Business 400 S 4TH ST SUITE 1000 ST. LOUIS MO 63102 US	Mailing Address 400 S 4TH ST SUITE 1000 ST. LOUIS MO 63102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 S. 4th Street Suite, Apt. #, etc. 22 Suite 1000 City & State 23 St. Louis, MO Zip Country 24 63102 25 US	2a. Mailing Address 26 400 S. 4th Street Suite, Apt. #, etc. 27 Suite 1000 City & State 28 St. Louis, MO Zip Country 29 63102 30 US
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3. Date Incorporated or Qualified <b>08/23/1993</b>	4. FEI Number <b>43-1618558</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLZENSKI, BERNARD H</b>
STREET ADDRESS	<b>5124 CARRIAGE TRACE DR</b>
CITY-ST-ZIP	<b>ST LOUIS MO 63128</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARD J MILLER</b>
STREET ADDRESS	<b>14049 FOREST CREST</b>
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NANCY L GUCWA</b>
STREET ADDRESS	<b>12392 CREEK RUN DR</b>
CITY-ST-ZIP	<b>ST LOUIS MO 63141</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WULLER, DON P</b>
STREET ADDRESS	<b>1729 SHILOH RIDGE</b>
CITY-ST-ZIP	<b>CHESTERFIELD MO 63005</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SVETANICS, MILTON F JR</b>
STREET ADDRESS	<b>10225 LOOKAWAY DR</b>
CITY-ST-ZIP	<b>ST LOUIS MO 63137</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HUGHES, E THOMAS J</b>
STREET ADDRESS	<b>700 MARKET ST</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6235 Carriage Trace Dr.</b>
1.4 CITY-ST-ZIP	<b>St. Louis, MO 63128</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VP George R. Gay</b>
3.3 STREET ADDRESS	<b>6738 Lange Circle</b>
3.4 CITY-ST-ZIP	<b>Colorado Springs, CO 80918</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>AT James Koeger</b>
5.3 STREET ADDRESS	<b>9217 Wembley Woods</b>
5.4 CITY-ST-ZIP	<b>St. Louis, MO 63126</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/29/99** DAYTIME PHONE #: **314 444 0645**

CR2E034 (11/98)