

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90355 038 \*\*\*150.00

**DOCUMENT # F93000003823**  
 1. Entity Name  
**WALNUT STREET ADVISERS, INC.**

Principal Place of Business      Mailing Address  
**400 S 4TH ST**                              **400 S 4TH ST**  
**SUITE 1000**                                      **SUITE 1000**  
**ST. LOUIS MO 63102**                      **ST. LOUIS MO 63102**  
**US**    **US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**43-1618558**                              Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
                                     

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EICHNER, KEVIN C</b>	
STREET ADDRESS	<b>61 FAIR OAKS</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63124</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>VPGS</b>	<input type="checkbox"/> Delete
NAME	<b>MCCAULEY, MATTHEW P</b>	
STREET ADDRESS	<b>6309 PERSHING AVE</b>	
CITY-ST-ZIP	<b>SAINT LOUIS MO 63130</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>AT</b>	<input type="checkbox"/> Delete
NAME	<b>KOEGER, JAMES</b>	
STREET ADDRESS	<b>9217 WEMBLEY WOODS</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63126</b>	
TITLE	<b>T</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>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *James W. Koeger*      **JAMES W. KOEGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)