


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90218 027 \*\*\*150.00

**24069625**



<b>DOCUMENT # F93000003823</b>								
1. Entity Name WALNUT STREET ADVISERS, INC.								
Principal Place of Business 700 MARKET ST ATTN: COMPLINCE SAINT LOUIS, MO 63101 US			Mailing Address 700 MARKET ST ATTN: COMPLINCE SAINT LOUIS, MO 63101 US					
2. Principal Place of Business 13045 Tesson Ferry Rd. Suite, Apt. #, etc. 01-06 City & State St. Louis, MO Zip 63128 Country U.S.		3. Mailing Address 13045 Tesson Ferry Rd. Suite, Apt. #, etc. 01-06 City & State St. Louis, MO Zip 63128 Country U.S.		4. FEI Number 43-1618558 Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____				
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	LAZARNS, NORMAN R	NAME	<i>See attached listing for all changes and additions.</i>					
STREET ADDRESS	523 COPPER LN BLVD	STREET ADDRESS						
CITY-ST-ZIP	WILDWOOD, MO 63040	CITY-ST-ZIP						
TITLE	P <input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARD J MILLER	NAME				<i>See attached listing for all changes and additions.</i>		
STREET ADDRESS	14049 FOREST CREST	STREET ADDRESS						
CITY-ST-ZIP	CHESTERFIELD, MO	CITY-ST-ZIP						
TITLE	VPGS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	CAPRIGUOME, DENNIS	NAME	<i>See attached listing for all changes and additions.</i>					
STREET ADDRESS	320 PARKWOOD	STREET ADDRESS						
CITY-ST-ZIP	KIRKWOOD, MO 63122	CITY-ST-ZIP						
TITLE	CFO <input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, ROBERT	NAME				<i>See attached listing for all changes and additions.</i>		
STREET ADDRESS	485E US HWY 1 SOUTH	STREET ADDRESS						
CITY-ST-ZIP	ISELIN, NJ 08830	CITY-ST-ZIP						
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	KOEGER, JAMES	NAME	<i>See attached listing for all changes and additions.</i>					
STREET ADDRESS	9217 WEMBLEY WOODS	STREET ADDRESS						
CITY-ST-ZIP	ST LOUIS, MO 63126	CITY-ST-ZIP						
TITLE	VP <input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WULLER, DON P	NAME				<i>See attached listing for all changes and additions.</i>		
STREET ADDRESS	1729 SHILOH RIDGE	STREET ADDRESS						
CITY-ST-ZIP	CHESTERFIELD, MO 63005	CITY-ST-ZIP						
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: <i>[Signature]</i> 4/28/04 314-525-9518								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

ATTACHMENT ~~24809625~~  
 # F9300003823

<b>WALNUT STREET ADVISERS, INC. FEIN 43-1618558</b>								
Incorporated Missouri - March 12, 1992								
Last Updated 4/15/04								
<b>Officers</b>	Vice President	Craig W. Markham				13045 Tesson Ferry Road, St Louis, MO	63128	
	Vice President	Norman R. Lazarus				13045 Tesson Ferry Road, St Louis, MO	63128	
	Vice President	Dennis J. Capriglione				13045 Tesson Ferry Road, St Louis, MO	63128	
	Chief Financial Officer	Robert H. Petersen				13045 Tesson Ferry Road, St Louis, MO	63128	
	Asst Secretary	Maureen M. Sheehan				13045 Tesson Ferry Road, St Louis, MO	63128	
	Asst Treasurer	James W. Koeger				13045 Tesson Ferry Road, St Louis, MO	63128	
<b>Directors</b>								
	Dennis J. Capriglione					13045 Tesson Ferry Road, St Louis, MO	63128	