


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 013 ***150.00

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1. Entity Name
 WALNUT STREET ADVISERS, INC.



Principal Place of Business
 13045 TESSON FERRY RD
 B1-06
 SAINT LOUIS, MO 63128 US

Mailing Address
 13045 TESSON FERRY RD
 B1-06
 SAINT LOUIS, MO 63128 US

50010038



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 One MetLife Plaza
 Suite, Apt. #, etc.
 27-01 Queens Plaza N.
 City & State
 Zip Country

03032006 Chg-P CR2E034 (11/05)

4. FEI Number
 43-1618558

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZARNS, NORMAN R 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael K. Farrell 10 Park Avenue Morristown, NJ 07962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKHAM, CRAIG W 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Craig W. Markham 13045 Tesson Ferry Road St. Louis, MO 63128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECKER, DAVID J 260 MADISON AVENUE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David J. Decker 300 Davidson Avenue Somerset, NJ 07962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PETERSON, ROBERT 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KOEGER, JAMES 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Gregory M. Harrison One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHEEHAN, MAUREEN M 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gwenn L. Carr One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gregory M. Harrison Gregory M. Harrison, Assistant Treasurer, 3/28/06, 212-578-4852

Signature and typed or printed name of signing officer or director Date Daytime Phone #