

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

0651926 AT

**DOCUMENT # F93000003823**

1. Entity Name

WALNUT STREET ADVISERS, INC.



04-21-2003 90534 050 \*\*\*150.00

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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2. Principal Place of Business 700 MARKET ST	3. Mailing Address 700 MARKET ST
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Suite, Apt. #, etc. ATTN: COMPLIANCE	Suite, Apt. #, etc. ATTN: COMPLIANCE
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CHECK HERE IF MAKING CHANGES

City & State ST. LOUIS, MO.	City & State ST LOUIS, MO 63101
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4. FEI Number 43-1618558	Applied For Not Applicable
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Zip 63101	Country USA	Zip 63101	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D EICHNER, KEVIN C 61 FAIR OAKS SAINT LOUIS MO 63124	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RICHARD J MILLER 14049 FOREST CREST CHESTERFIELD MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCAULEY, MATTHEW P 6309 PERSHING AVE SAINT LOUIS MO 63130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WULLER, DON P 1729 SHILOH RIDGE CHESTERFIELD MO 63005	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A KOEGER, JAMES 9217 WEMBLEY WOODS ST LOUIS MO 63126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WULLER, DON P 1729 SHILOH RIDGE CHESTERFIELD MO 63005	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMAN R. LAZARUS VICE PRESIDENT - COMPLIANCE 523 COPPER LANE BLVD WILLOWOOD, MO 63040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG W. MARKHAM 1607 STADLER PINES COURT WILLOWOOD, MO 63011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANNIS CAPRIGIONE 320 PARKWOOD KIRKWOOD, MO 63122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERT POTTERSON 485-E US HIGHWAY 1 SOUTH ISAPIN, NJ. 08830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE PRESIDENT	<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 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: \_\_\_\_\_ DATE: 4/16/2003 DAYTIME PHONE #: 314-444-0614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)