

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 JUN 15 PM 12:02

DOCUMENT # P17983 (8)

1. Corporation Name
WALNUT STREET SECUTITIES, INC.

Principal Place of Business Mailing Address
1801 PARK 270 DR. STE 220 1801 PARK 270 DR. STE 220
PO BOX 46302 PO BOX 46302
ST LOUIS, MO 63148 ST LOUIS, MO 63148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1989 3a. Date of Last Report 06/29/1994
4. FEI Number 43-1333368 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (SEE Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, TIMOTHY C	1.2 NAME	
STREET ADDRESS	4 COUNTRY ESTATES	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULLER, DON P.	2.2 NAME	
STREET ADDRESS	1729 SHILOH RIDGE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORIO, RENE C.	3.2 NAME	
STREET ADDRESS	1495 FOREST VIEW	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, MATTHEW P	4.2 NAME	
STREET ADDRESS	6800 PERSHING	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTEIN, LEONARD M.	5.2 NAME	
STREET ADDRESS	105 BON CHATEAU	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLZENSKI, BERNARD H	6.2 NAME	
STREET ADDRESS	700 MARKET	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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.

SIGNATURE: Don P. Wuller DON P. WULLER 6/5/95 314-878-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)

CR2E034 (3/95)