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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P17983** (8)
 1. Corporation Name
WALNUT STREET SECURITIES, INC.



Principal Place of Business Mailing Address
670 MASON RIDGE CT DR **670 MASON RIDGE CTR DR**
300 **300**
ST LOUIS, MO 63141 **ST LOUIS, MO 63141-8557**
US **US**

3. Date Incorporated or Qualified **02/11/1988** 3a. Date of Last Report **06/28/1996**
 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. This 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 28 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: NICHOLSON, TIMOTHY C		1.2 NAME: Richard J. Miller	
STREET ADDRESS: 4 COUNTRY ESTATES		1.3 STREET ADDRESS: 14049 FORREST CREST	
CITY-STATE-ZIP: ST LOUIS MO		1.4 CITY-STATE-ZIP: CHASTANFIELD, MD 63017	
TITLE: V	<input type="checkbox"/> DELETE	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-STATE-ZIP: ST LOUIS MO		2.4 CITY-STATE-ZIP:	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: EXECUTIVE VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LORIO, RENE C.		3.2 NAME: NANCY L. GUCWA	
STREET ADDRESS: 1495 FOREST VIEW		3.3 STREET ADDRESS: 670 MASON RIDGE CENTER DR.	
CITY-STATE-ZIP: ST. LOUIS MO		3.4 CITY-STATE-ZIP: ST. LOUIS, MO 63141	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE: DIRECTOR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCCAULEY, MATTHEW P		4.2 NAME:	
STREET ADDRESS: 6800 PERSHING		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: ST. LOUIS MO		4.4 CITY-STATE-ZIP:	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RUBENSTEIN, LEONARD M.		5.2 NAME: E. Thomas Hughes, Jr.	
STREET ADDRESS: 105 BON CHATEAU		5.3 STREET ADDRESS: 1700 MARKET ST.	
CITY-STATE-ZIP: ST. LOUIS MO		5.4 CITY-STATE-ZIP: ST. LOUIS, MO 63101	
TITLE: D	<input type="checkbox"/> DELETE	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-STATE-ZIP: ST LOUIS MO		6.4 CITY-STATE-ZIP:	

14. I do 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 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 this 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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME/PHONE #

CR2E034 (9/96)