

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90081 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P17983**

1. Corporation Name  
**WALNUT STREET SECUTITIES, INC.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**02/11/1988**

4. FEI Number  
**43-1333368**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 400 S. 4th Street**

2a. Mailing Address  
**26 400 S. 4th Street**

Suite, Apt. #, etc.  
**22 Suite 1000**

27 Suite 1000

City & State  
**23 St. Louis, Mo**

28 St. Louis, Mo

Zip Country  
**24 63102 25 US**

29 63102 30 US

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD J MILLER</b>	1.2 NAME	
STREET ADDRESS	<b>14049 FOREST CREST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WULLER, DON P.</b>	2.2 NAME	
STREET ADDRESS	<b>1729 SHILOH RIDGE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	<b>NANCY L GUCWA</b>	3.2 NAME	<b>VP</b>
STREET ADDRESS	<b>12392 CREEK RUN DR</b>	3.3 STREET ADDRESS	<b>Stephen E. Abbey</b>
CITY-ST-ZIP	<b>ST. LOUIS MO 63141</b>	3.4 CITY-ST-ZIP	<b>12 Muirfield Court North</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCAULEY, MATTHEW P</b>	4.2 NAME	<b>AT</b>
STREET ADDRESS	<b>6309 PERSHING AVE</b>	4.3 STREET ADDRESS	<b>James Koeger</b>
CITY-ST-ZIP	<b>ST. LOUIS MO 63130</b>	4.4 CITY-ST-ZIP	<b>9217 Wembley Woods</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>E THOMAS HUGHES JR</b>	5.2 NAME	
STREET ADDRESS	<b>700 MARKET ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLZENSKI, BERNARD H</b>	6.2 NAME	
STREET ADDRESS	<b>5124 CARRIAGE TRACE DR</b>	6.3 STREET ADDRESS	<b>6235 Carriage Trace Dr.</b>
CITY-ST-ZIP	<b>ST LOUIS MO 63128</b>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/29/99** DAYTIME PHONE #: **314 444 0645**

CR2E034 (1/98)