

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90049 022 ***150.00

DOCUMENT # P17983

1. Entity Name
WALNUT STREET SECUTITIES, INC.

Principal Place of Business

Mailing Address

**400 S 4TH ST
 SUITE 1000
 ST LOUIS MO 63102
 US**

**400 S 4TH ST
 SUITE 1000
 ST LOUIS MO 63102
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1333368**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RICHARD J MILLER	14049 FOREST CREST	CHESTERFIELD MD	<input type="checkbox"/>
V	WULLER, DON P.	1729 SHILOH RIDGE	ST LOUIS MO	<input type="checkbox"/>
VP	ABBEY, STEPHEN E	12 MUIRFIELD COURT NORTH	ST CHARLES MO 63304	<input checked="" type="checkbox"/>
AT	KOEGER, JAMES	9217 WEMBLEY WOODS	ST. LOUIS MO 63126	<input type="checkbox"/>
T	E THOMAS HUGHES JR	700 MARKET ST	ST. LOUIS MO	<input checked="" type="checkbox"/>
D	WOLZENSKI, BERNARD H	6235 CARRIAGE TRACE DR	ST LOUIS MO 63128	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>VP, General Counsel, and Secretary</i>	<i>Matthew P. McCauley</i>	<i>6309 Persching</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>Treasurer</i>	<i>Wuller, Don P</i>	<i>1729 Shiloh Ridge</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *mk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)