

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 014 ***150.00

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03032006 Chg-P CR2E034 (11/05)

DOCUMENT # P17983			
1. Entity Name WALNUT STREET SECURITIES, INC.			
Principal Place of Business 13045 TESSON FERRY RD. B1-06 SAINT LOUIS, MO 63128 US		Mailing Address 13045 TESSON FERRY RD. B1-06 SAINT LOUIS, MO 63128 US	
2. Principal Place of Business		3. Mailing Address One MetLife Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27-01 Queens Plaza N.	
City & State		City & State Long Island City, NY	
Zip	Country	Zip	Country
11101	USA	11101	USA
4. FEI Number 43-1333368		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MARKHAM, CRAIG W 13045 TESSON FERRY RD. SAINT LOUIS, MO 63128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AQUINO, VIRGELAN E 485-E US HWY 1 SOUTH ISELINN, NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Gregory M. Harrison One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV COSTELLO, ROBERT 485-E US HWY 1 SOUTH ISELINN, NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William J. Toppeta One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECKER, DAVID J 260 MADISON AVE NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David J. Decker 300 Davidson Avenue Somerset, NJ 08873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULLER, CHARLES E 485-E US HWY 1 SOUTH ISELIN, NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gwenn L. Carr One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIPWORTH, PAUL D 485-E US HWY 1 SOUTH ISELIN, NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101 <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 exemptions contained in Chapter 119, 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: <i>Gregory M. Harrison</i>		Gregory M. Harrison, Assistant Treasurer, 3/28/06, 212-578-4852	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	