


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90243 024 \*\*\*150.00

<b>DOCUMENT # P17983</b> 1. Entity Name WALNUT STREET SECURITIES, INC.			
Principal Place of Business 13045 TESSON FERRY RD. B1-06 SAINT LOUIS, MO 63128 US		Mailing Address ONE METLIFE PL 27-01 QUEENS PL N LONG ISLAND CITY, NY 11101 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number <b>43-1333368</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MARKHAM, CRAIG W STREET ADDRESS 13045 TESSON FERRY RD. CITY-ST-ZIP SAINT LOUIS, MO 63128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT NAME HARRISON, GREGORY M STREET ADDRESS ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TOPPETA, WILLIAM J STREET ADDRESS ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME DECKER, DAVID J STREET ADDRESS 300 DAVIDSON AVE CITY-ST-ZIP SOMERSET, NJ 08873	<input checked="" type="checkbox"/> Delete	TITLE Assistant Treasurer NAME James W. Koeger STREET ADDRESS 13045 Tesson Ferry Road CITY-ST-ZIP St. Louis, MO 63128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CARR, GWENN L STREET ADDRESS ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WILLIAMSON, ANTHONY J STREET ADDRESS ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Gregory M. Harrison Assistant Treasurer, 04/11/2007, 212-578-4852 <small>Date Daytime Phone #</small>	

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