


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90038 025 ***150.00

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: **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

03282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FCI Number: **43-1333368** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers 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 _____
(Signature, typed or printed name of registered agent and title if applicable. (Initials) Registered Agent signature required when reinstated.) (A.R.)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete	NAME: MARKHAM, CRAIG W STREET ADDRESS: 13045 TESSON FERRY RD. CITY-ST-ZIP: SAINT LOUIS, MO 63128
TITLE: AT <input type="checkbox"/> Delete	NAME: HARRISON, GREGORY M STREET ADDRESS: ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101
TITLE: D <input type="checkbox"/> Delete	NAME: TOPPETA, WILLIAM J STREET ADDRESS: ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101
TITLE: AT <input type="checkbox"/> Delete	NAME: KOEGER, JAMES W STREET ADDRESS: 13045 TESSON FERRY ROAD CITY-ST-ZIP: SAINT LOUIS, MO 63128
TITLE: S <input type="checkbox"/> Delete	NAME: CARR, GWENN L STREET ADDRESS: ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: WILLIAMSON, ANTHONY J STREET ADDRESS: ONE METLIFE PL 27-01 QUEENS PL N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric T. Steigerwalt One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101

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: Gregory M. Harrison Gregory M. Harrison, Assistant Treasurer, 04/ / /2008, 212-578-4852

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #