


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

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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 820487 1. Corporation Name A.G. EDWARDS & SONS, INC.					
Principal Place of Business ONE NORTH JEFFERSON ST LOUIS MISSOURI 63103			Mailing Address ONE NORTH JEFFERSON ST LOUIS MISSOURI 63103		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 05/26/1967 4. FEI Number 43-0895447 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.0501 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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE		CPD <input type="checkbox"/> DELETE			
NAME		EDWARDS III, BENJAMIN F.			
STREET ADDRESS		ONE NORTH JEFFERSON			
CITY-STATE-ZIP		ST. LOUIS MO			
TITLE		CVP <input type="checkbox"/> DELETE			
NAME		PROOST, ROBERT L			
STREET ADDRESS		ONE N JEFFERSON			
CITY-STATE-ZIP		ST LOUIS MO			
TITLE		VSD <input type="checkbox"/> DELETE			
NAME		KELLY, DOUGLAS L			
STREET ADDRESS		ONE NORTH JEFFERSON			
CITY-STATE-ZIP		ST LOUIS MO			
TITLE		VD <input checked="" type="checkbox"/> DELETE			
NAME		KING, EUGENE J.			
STREET ADDRESS		ONE NORTH JEFFERSON			
CITY-STATE-ZIP		ST LOUIS MO			
TITLE		VP <input type="checkbox"/> DELETE			
NAME		PORTER, JOSEPH			
STREET ADDRESS		ONE NORTH JEFFERSON			
CITY-STATE-ZIP		ST. LOUIS MO			
TITLE		AV <input type="checkbox"/> DELETE			
NAME		BURRIS, DONNA			
STREET ADDRESS		ONE NORTH JEFFERSON			
CITY-STATE-ZIP		ST. LOUIS MO			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME		13 STREET ADDRESS			
14 CITY-STATE-ZIP		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME		23 STREET ADDRESS			
24 CITY-STATE-ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME		33 STREET ADDRESS			
34 CITY-STATE-ZIP		41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
42 NAME		43 STREET ADDRESS			
44 CITY-STATE-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME		53 STREET ADDRESS			
54 CITY-STATE-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME		63 STREET ADDRESS			
64 CITY-STATE-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:

Joseph A. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/98)