

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820487

1. Entity Name

A.G. EDWARDS & SONS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90062 019 ***550.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 43-0895447

Applied For

Not Applicable

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

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	EDWARDS III, BENJAMIN F.	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	PROOST, ROBERT L	
STREET ADDRESS	ONE N JEFFERSON	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KELLY, DOUGLAS L	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, THOMAS H JR	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST LOUIS MO 63103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, JOSEPH	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	AV	<input type="checkbox"/> Delete
NAME	BURRIS, DONNA	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST. LOUIS MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSOC V.P.

Date

Daytime Phone #

CR2000 15/000