

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90410 013 ***150.00

DOCUMENT # 820487

1. Entity Name
A.G. EDWARDS & SONS, INC.



Principal Place of Business
ONE NORTH JEFFERSON
ST LOUIS, MI 63103

Mailing Address
ONE NORTH JEFFERSON
ST LOUIS, MI 63103

94079951



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
43-0895447

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	BOGBY, ROBERT L
STREET ADDRESS	1 NORTH JEFFERSON
CITY-ST-ZIP	ST. LOUIS, MO
TITLE	VSD
NAME	KELLY, DOUGLAS L
STREET ADDRESS	ONE NORTH JEFFERSON
CITY-ST-ZIP	ST LOUIS, MO
TITLE	VP
NAME	MARTIN, THOMAS H JR
STREET ADDRESS	ONE NORTH JEFFERSON
CITY-ST-ZIP	ST LOUIS, MO 63103
TITLE	SRVP
NAME	PORTER, JOSEPH
STREET ADDRESS	ONE NORTH JEFFERSON
CITY-ST-ZIP	ST. LOUIS, MO
TITLE	VP
NAME	MIMMLITZ, JOHN
STREET ADDRESS	ONE NORTH JEFFERSON
CITY-ST-ZIP	SAINT LOUIS, MO 63103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

V.Pres.

4/29/04 (314)955-4320

Date

Daytime Phone #