


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 830618 1. Entity Name STIFEL, NICOLAUS & COMPANY, INCORPORATED	
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Principal Place of Business 501 NORTH BROADWAY ST. LOUIS, MO 63102	Mailing Address 501 NORTH BROADWAY ST. LOUIS, MO 63102
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0538770

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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP KRUSZEWSKI, RONALD J 501 N. BROADWAY ST LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC BURKEMPER, BERNARD N 501 N. BROADWAY ST. LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ZEMLYAK, JAMES 501 N. BROADWAY ST. LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD MCCOAIG, SCOTT B 501 N. BROADWAY SAINT LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/06-80094-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Bernard N Burkemper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____