

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 830618

1. Entity Name
STIFEL, NICOLAUS & COMPANY, INCORPORATED



Principal Place of Business
**501 NORTH BROADWAY
ST. LOUIS, MO 63102**

Mailing Address
**501 NORTH BROADWAY
ST. LOUIS, MO 63102**



05152008 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**

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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	CFO 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 MCCOAG, SCOTT B 501 N. BROADWAY SAINT LOUIS, MO 63102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000952514
06/04/08-80083-008 550.00

**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

5/29/08
Date

Daytime Phone #