

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830618

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** STIFEL, NICOLAUS & COMPANY, INCORPORATED

**Current Principal Place of Business:**

501 NORTH BROADWAY  
ST. LOUIS, MO 63102

**New Principal Place of Business:**

**Current Mailing Address:**

501 NORTH BROADWAY  
ST. LOUIS, MO 63102

**New Mailing Address:**

**FEI Number:** 43-0538770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KRUSZEWSKI, RONALD J  
Address: 501 N. BROADWAY  
City-St-Zip: ST LOUIS, MO 63102

Title: CFO  
Name: BURKEMPER, BERNARD N  
Address: 501 N. BROADWAY  
City-St-Zip: ST. LOUIS, MO 63102

Title: SVP  
Name: ZEMLYAK, JAMES  
Address: 501 N. BROADWAY  
City-St-Zip: ST. LOUIS, MO 63102

Title: SECR  
Name: MINNICK, DAVID  
Address: 501 N. BROADWAY  
City-St-Zip: SAINT LOUIS, MO 63102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD N. BURKEMPER

CFO

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date