

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **837243 (5)**

1. Corporation Name  
**A. G. EDWARDS & SONS INSURANCE AGENCY-MISSOURI, INC.**



Principal Place of Business  
**ONE NORTH JEFFERSON ST. LOUIS MO 63103**

Mailing Address  
**ONE NORTH JEFFERSON ST. LOUIS MO 63103**

2. Principal Place of Business  
21 **One North Jefferson**  
Suite, Apt. #, etc.  
22  
City & State  
23 **St. Louis, MO**  
Zip Country  
24 **63103** 25  
2a. Mailing Address  
26 **One North Jefferson**  
Suite, Apt. #, etc.  
27  
City & State  
28 **St. Louis, MO**  
Zip Country  
29 **63103** 30

3. Date Incorporated or Qualified **10/22/1976** 3a. Date of Last Report **05/01/1995**

4. FEI Number **43-1068908** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person filing this report (the Agent and the Taxpayer) \_\_\_\_\_ Date Registered Agent signature (before 1/1/95) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SCAFATI, MICHAEL	
STREET ADDRESS	ONE NORTH 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	VTD	<input type="checkbox"/> DELETE
NAME	MESKER, DAVID	
STREET ADDRESS	ONE NORTH JEFFERSON	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Director  
Secretary, V.P. 4-23-96 (314) 955-3000  
Date of Filing

CR2E034 (12/95)