

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 837243 (5)**

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



Principal Place of Business Mailing Address

**ONE NORTH JEFFERSON ST. LOUIS MO 63103 US**

**ONE NORTH JEFFERSON ST. LOUIS MO 63103-2205 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 One N. Jefferson Suite, Apt. #, etc.		26 One N. Jefferson Suite, Apt. #, etc.		10/22/1976	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 St. Louis, MO		28 St. Louis, MO		43-1088908	Not Applicable
24 63103		29 63103		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Country		27 Country		6. Election Campaign Financing Trust Fund Contribution	
28 Country		29 Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
30 Country		31 Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

85 Zip Code

**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAFATI, MICHAEL	1.2 NAME	
STREET ADDRESS	ONE NORTH JEFFERSON	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DOUGLAS L	2.2 NAME	
STREET ADDRESS	ONE NORTH JEFFERSON	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESKER, DAVID	3.2 NAME	VP+T
STREET ADDRESS	ONE NORTH JEFFERSON	3.3 STREET ADDRESS	Robert L. Proost
CITY - ST - ZIP	ST. LOUIS MO	3.4 CITY - ST - ZIP	one north Jefferson St. Louis, MO 63103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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]* SECRETARY

DATE: \_\_\_\_\_ DAYTIME PHONE: 314-955-3000

CR2E034 (9/96)

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

**State of Incorporation - Missouri**

**BOARD OF DIRECTORS**

**Douglas L. Kelly  
Robert L. Proost  
Michael Scafati**

**OFFICERS**

**Chairman and President - Michael Scafati  
Vice President - Ruth Adler  
Vice President and Treasurer - Robert L. Proost  
Vice President and Secretary - Douglas L. Kelly  
Assistant Treasurer - Alan K. Scheff**

**February 21, 1997**