

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90246 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 837243

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
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1976

2. Principal Place of Business

2a. Mailing Address

21 **One North Jefferson**
 Suite, Apt. #, etc.

26 **One North Jefferson**
 Suite, Apt. #, etc.

4. FEI Number
43-1088908

Applied For
 Not Applicable

22 City & State

27 City & State

23 **St. Louis mo**
 Zip Country

28 **St. Louis mo**
 Zip Country

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

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

24 **63103** 25

29 **63103** 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	VT	<input type="checkbox"/> DELETE
NAME	PROOST, ROBERT L	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: X

[Signature] **REQUIRED: Secretary**

314955-3000

CR2E034 (11/98)

538121-40246-39
#837243

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

State of Incorporation - Missouri

Date of Incorporation - October 1, 1976

BOARD OF DIRECTORS

Douglas L. Kelly
Robert L. Proost
Michael Scafati

OFFICERS

Chairman and President - Michael Scafati
Vice President and Treasurer - Robert L. Proost
Vice President and Secretary - Douglas L. Kelly
Assistant Treasurer - Bill B. Branson, Jr.

(March 1, 1999)