


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90413 040 \*\*\*150.00

<b>DOCUMENT # 837243</b> 1. Entity Name <b>A. G. EDWARDS &amp; SONS INSURANCE AGENCY-MISSOURI, INC.</b>	
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Principal Place of Business <b>ONE NORTH JEFFERSON ST. LOUIS, MO 63103 US</b>	Mailing Address <b>ONE NORTH JEFFERSON C/O TAX DEPT ST. LOUIS, MO 63103 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>43-1088908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SCAFATI, MICHAEL ONE NORTH JEFFERSON ST. LOUIS MO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KELLY, DOUGLAS L ONE NORTH JEFFERSON ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRANSON, BILL ONE NORTH JEFFERSON ST LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** V. Pres. 4/29/04 (314) 955-4320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
Doc. # 837243

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

State of Incorporation - Missouri  
Date of Incorporation - October 1, 1976  
Tax ID #43-1088908

BOARD OF DIRECTORS

Douglas L. Kelly  
Robert A. Pietroburgo  
Michael Scafati

OFFICERS

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

(March 1, 2004)