

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 044 ***150.00

DOCUMENT # 850385

1. Entity Name

WADDELL & REED, INC.



Principal Place of Business

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION KS 66201-6217

Mailing Address

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION KS 66201-6217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1235675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	STROHM, MICHAEL D.	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION KS 66202	<input checked="" type="checkbox"/> Delete
TITLE	VP	NAME	WILLIAMS, ROBERT J.	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION KS 66202	<input checked="" type="checkbox"/> Delete
TITLE	CD	NAME	TUCKER, KEITH A.	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION KS 66202	<input type="checkbox"/> Delete
TITLE	V	NAME	SUNDEEN, JOHN E JR	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION KS 66202	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	HERRMAN, HENRY J.	STREET ADDRESS	26801 W. 108TH ST.	CITY-ST-ZIP	OLATHE KS 66061	<input type="checkbox"/> Delete
TITLE	VT	NAME	BLOSS, BRENT K	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION KS 66202	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME		STREET ADDRESS		CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CID/P	NAME	THOMAS W BURCH	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION, KS 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME		STREET ADDRESS		CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME	WENDY J HILLS	STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION, KS 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS	6300 LAMAR	CITY-ST-ZIP	SHAWNEE MISSION, KS 66202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Brent K Bloss BRENT K BLOSS

04/30/05

(413) 236-1597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #