

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850385

FILED
Apr 30, 2007
Secretary of State

Entity Name: WADDELL & REED, INC.

Current Principal Place of Business:

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION, KS 662016217

Current Mailing Address:

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION, KS 662016217

New Principal Place of Business:

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION, KS 662019217

New Mailing Address:

6300 LAMAR
P. O. BOX 29217
SHAWNEE MISSION, KS 662019217

FEI Number: 43-1235675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STROHM, MICHAEL D.,
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: CDP () Delete
Name: BUTCH, THOMAS W
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: V () Delete
Name: BUYLE, MARK P.
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: S () Delete
Name: HILLS, WENDY J
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: D () Delete
Name: HERRMANN, HENRY J.
Address: 6300 LAMAR
City-St-Zip: MISSION, KS 66202

Title: VT () Delete
Name: BLOSS, BRENT K
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BUYLE, MARK P
Address: 6300 LAMAR
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT K. BLOSS

VT

04/30/2007

Electronic Signature of Signing Officer or Director

Date