


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90039 020 ***150.00

DOCUMENT # F0000006706

1. Entity Name
STERN BROTHERS & CO.



40900568

Principal Place of Business: **8000 MARYLAND AVE. STE 800 ST LOUIS, MO 63105**

Mailing Address: **8000 MARYLAND AVE. STE 800 ST LOUIS, MO 63105**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

01052006 Chg-P CR2E034 (11/05)

4. FEI Number: **43-1357568**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

NIX, H. GILMER
5010 BAYSHORE BLVD., STE 1
TAMPA, FL 33611

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete

NAME: **ESTELL, DONALD A**

STREET ADDRESS: **801 S. MERAMAC**

CITY-ST-ZIP: **CLAYTON, MO 63105**

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: **801 S. MERAMEC**

CITY-ST-ZIP: _____

TITLE: VDS Delete

NAME: **FINN, TERENCE**

STREET ADDRESS: **28 RIDGEMOOR**

CITY-ST-ZIP: **CLAYTON, MO 63105**

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: CFO Delete

NAME: **MIRIANI, JASON A**

STREET ADDRESS: **6124 MISTY MEADOW DR**

CITY-ST-ZIP: **HOUSE SPRINGS, MO 63051**

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: VDT Delete

NAME: **STERN, WILLIAM M**

STREET ADDRESS: **3 HACIENDA**

CITY-ST-ZIP: **SAINT LOUIS, MO 63124**

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ Delete

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ Delete

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ Change Addition

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **PEGGY L. BOLLMAN, V.P.** Date: **1/5/06**

314-743-4011