

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000211 (4)

1. Corporation Name

PIN OAK CAPITAL, LTD., INC.



Principal Place of Business

% STIFEL FINANCIAL CORP.
500 N. BROADWAY
ST LOUIS MO 63102

Mailing Address

% STIFEL FINANCIAL CORP.
500 N. BROADWAY
ST LOUIS MO 63102

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/12/1992

3a. Date of Last Report
05/01/1995

4. FET Number
43-1617453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 of officer or director of corporation or registered agent

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SUMPTION, JAMES D
STREET ADDRESS 500 N BROADWAY
CITY - ST - ZIP ST LOUIS MO 63102 ☐ DELETE

TITLE ~~DP~~
NAME ~~KNOTT, MARK D~~
STREET ADDRESS ~~500 N BROADWAY~~
CITY - ST - ZIP ~~ST LOUIS MO~~ ☒ DELETE

TITLE D
NAME TAYLOR, GREGORY F
STREET ADDRESS 500 N BROADWAY
CITY - ST - ZIP ST LOUIS MO 63102 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer
1.2 NAME Hertlein, Denise S.
1.3 STREET ADDRESS 500 N. Broadway
1.4 CITY - ST - ZIP St. Louis MO 63102 ☐ Change ☒ Addition

2.1 TITLE Acting Secretary
2.2 NAME Hartman, Charles R.
2.3 STREET ADDRESS 500 N. Broadway
2.4 CITY - ST - ZIP St. Louis MO 63102 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Denise S. Hertlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise S. Hertlein

4/30/96

(314) 342-2000

CR2E034 (12/95)