

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000211

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 501 N. BROADWAY	2a. Mailing Address 501 N. BROADWAY
21. STIFEL FINANCIAL CORP. Suite, Apt. #, etc.	26. 501 N. BROADWAY Suite, Apt. #, etc.
22. City & State ST. LOUIS, MO	27. City & State ST. LOUIS, MO
23. Zip 63102	28. Zip 63102
Country USA	Country USA

3. Date Incorporated or Qualified 11/12/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 43-1617453	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	SUMPTION, JAMES D
STREET ADDRESS	500 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	T <input type="checkbox"/> DELETE
NAME	HERTLEIN, DENISE S
STREET ADDRESS	500 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	D <input type="checkbox"/> DELETE
NAME	KRUSZEWSKI, RONALD J
STREET ADDRESS	500 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	AS <input type="checkbox"/> DELETE
NAME	HARTMAN, CHARLES R
STREET ADDRESS	500 N BROADWAY
CITY-ST-ZIP	ST LOUIS MO 63102
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALL ADDRESSES S/B
1.3 STREET ADDRESS	501 N. BROADWAY
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

CR2E034 (1/1/98)