

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-06-1999 90079 043 ***150.00

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DOCUMENT # F93000003823

1. Corporation Name
WALNUT STREET ADVISERS, INC.

Principal Place of Business

400 S 4TH ST
SUITE 1000
ST. LOUIS MO 63102
US

Mailing Address

400 S 4TH ST
SUITE 1000
ST. LOUIS MO 63102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

4. FEI Number

43-1618558

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 400 S. 4th Street

22 Suite 1000

23 St. Louis, MO

24 63102 25 US

2a. Mailing Address

26 400 S. 4th Street

27 Suite 1000

28 St. Louis, MO

29 63102 30 US

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D WOLZENSKI, BERNARD H
STREET ADDRESS 5124 CARRIAGE TRACE DR
CITY-ST-ZIP ST LOUIS MO 63128

TITLE ☐ DELETE

NAME P RICHARD J MILLER
STREET ADDRESS 14049 FOREST CREST
CITY-ST-ZIP CHTERFIELD MO

TITLE ☒ DELETE

NAME VP NANCY L GUCWA
STREET ADDRESS 12392 CREEK RUN DR
CITY-ST-ZIP ST LOUIS MO 63141

TITLE ☐ DELETE

NAME V WULLER, DON P
STREET ADDRESS 1729 SHILOH RIDGE
CITY-ST-ZIP CHESTERFIELD MO 63005

TITLE ☒ DELETE

NAME SD SVETANICS, MILTON F JR
STREET ADDRESS 10225 LOOKAWAY DR
CITY-ST-ZIP ST LOUIS MO 63137

TITLE ☐ DELETE

NAME T HUGHES, E THOMAS J
STREET ADDRESS 700 MARKET ST
CITY-ST-ZIP ST LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 6235 Carriage Trace Dr.
1.4 CITY-ST-ZIP St. Louis, MO 63128

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP George R. Gay
3.3 STREET ADDRESS 6738 Lange Circle
3.4 CITY-ST-ZIP Colorado Springs, CO 80918

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME AT James Kreyer
5.3 STREET ADDRESS 9217 Wembley Woods
5.4 CITY-ST-ZIP St. Louis, MO 63126

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)