

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003823

1. Entity Name

WALNUT STREET ADVISERS, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90003 035 \*\*\*150.00

Principal Place of Business

Mailing Address

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

400 S 4TH ST  
SUITE 1000  
ST. LOUIS MO 63102-1815  
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1618558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

N/A

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME WOLZENSKI, BERNARD H  
STREET ADDRESS 6235 CARRIAGE TRACE DR  
CITY-ST-ZIP ST LOUIS MO 63128 ☒ Delete

TITLE D  
NAME Kevin C. Eichner  
STREET ADDRESS 61 Fair Oaks  
CITY-ST-ZIP St. Louis, mo 63124 ☐ Change ☒ Addition

TITLE P  
NAME RICHARD J MILLER  
STREET ADDRESS 14049 FOREST CREST  
CITY-ST-ZIP CHERTERFIELD MO ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME GAY, GEORGE R  
STREET ADDRESS 6738 LANGE CIRCLE  
CITY-ST-ZIP COLORADO SPRINGS CO 80918 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT  
NAME KOEGER, JAMES  
STREET ADDRESS 9217 WEMBLEY WOODS  
CITY-ST-ZIP ST LOUIS MO 63126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 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

James W. Koeger

Date

Daytime Phone #

1/6/00

314-444-0645

CR2E034 (9/99)