

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90064 008 ***150.00

DOCUMENT # F93000003823

1. Entity Name

WALNUT STREET ADVISERS, INC.

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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **43-1618558**

Applied For

Not Applicable

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

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, 2001 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** ☐ Delete
NAME **EICHNER, KEVIN C**
STREET ADDRESS **61 FAIR OAKS**
CITY-ST-ZIP **SAINT LOUIS MO 63124**

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

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

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

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

TITLE **VP General Counsel, and Secretary** ☐ Change ☒ Addition
NAME **Matthew P. McCauley**
STREET ADDRESS **6309 Pershing Ave**
CITY-ST-ZIP **St. Louis, MO 63130**

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

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

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

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

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Wuller, Don P.**
STREET ADDRESS **1729 Shiloh Ridge**
CITY-ST-ZIP **Chesterfield, MO 63005**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)