

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 013 ***150.00

DOCUMENT # F93000003823

1. Entity Name
WALNUT STREET ADVISERS, INC.



Principal Place of Business
13045 TESSON FERRY RD
B1-06
SAINT LOUIS, MO 63128 US

Mailing Address
13045 TESSON FERRY RD
B1-06
SAINT LOUIS, MO 63128 US

50010038



2. Principal Place of Business

3. Mailing Address

One MetLife Plaza

Suite, Apt. #, etc.

27-01 Queens Plaza N.

03032006 Chg-P CR2E034 (11/05)

City & State

City & State
Long Island City, NY

4. FEI Number
43-1618558

Applied For
Not Applicable

Zip

Country

Zip
11101

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME LAZARNS, NORMAN R ☒ Delete
STREET ADDRESS 13045 TESSON FERRY RD
CITY-ST-ZIP SAINT LOUIS, MO 63128

TITLE D ☒ Change ☐ Addition
NAME Michael K. Farrell
STREET ADDRESS 10 Park Avenue
CITY-ST-ZIP Morristown, NJ 07962

TITLE P ☐ Delete
NAME MARKHAM, CRAIG W
STREET ADDRESS 13045 TESSON FERRY RD
CITY-ST-ZIP SAINT LOUIS, MO 63128

TITLE P, D ☒ Change ☐ Addition
NAME Craig W. Markham
STREET ADDRESS 13045 Tesson Ferry Road
CITY-ST-ZIP St. Louis, MO 63128

TITLE VP ☐ Delete
NAME DECKER, DAVID J
STREET ADDRESS 260 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE VP ☒ Change ☐ Addition
NAME David J. Decker
STREET ADDRESS 300 Davidson Avenue
CITY-ST-ZIP Somerset, NJ 07962

TITLE CFO ☒ Delete
NAME PETERSON, ROBERT
STREET ADDRESS 13045 TESSON FERRY RD
CITY-ST-ZIP SAINT LOUIS, MO 63128

TITLE T ☒ Change ☐ Addition
NAME Anthony J. Williamson
STREET ADDRESS One MetLife Plaza, 27-01 Queens Plaza N.
CITY-ST-ZIP Long Island City, NY 11101

TITLE AT ☒ Delete
NAME KOEGER, JAMES
STREET ADDRESS 13045 TESSON FERRY RD
CITY-ST-ZIP SAINT LOUIS, MO 63128

TITLE AT ☒ Change ☐ Addition
NAME Gregory M. Harrison
STREET ADDRESS One MetLife Plaza, 27-01 Queens Plaza N.
CITY-ST-ZIP Long Island City, NY 11101

TITLE AS ☒ Delete
NAME SHEEHAN, MAUREEN M
STREET ADDRESS 13045 TESSON FERRY RD
CITY-ST-ZIP SAINT LOUIS, MO 63128

TITLE S ☒ Change ☐ Addition
NAME Gwenn L. Carr
STREET ADDRESS One MetLife Plaza, 27-01 Queens Plaza N.
CITY-ST-ZIP Long Island City, NY 11101

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory M. Harrison*

Gregory M. Harrison, Assistant Treasurer, 3/28/06, 212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #