

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
(AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000865 (5)

1. Corporation Name

MISSISSIPPI VALLEY ADVISORS INC.

Principal Place of Business

ONE MERCANTILE CENTER
SUITE 2100
ST. LOUIS MO 63101-1610
US

Mailing Address

P.O. BOX 387
ST. LOUIS MO 63166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

03/06/1996

4. FEI Number

43-1432116

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CT 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

☐ DELETE

TITLE C
NAME ADAMS, JR. W
STREET ADDRESS 25 TWIN SPRINGS LANE
CITY-ST-ZIP ST. LOUIS MO

TITLE DP
NAME BLIXEN, II JOHN H.
STREET ADDRESS 2 VISTA BROOK LANE
CITY-ST-ZIP ST. LOUIS MO

TITLE DST
NAME WEBSTER, III RALPH W.
STREET ADDRESS 2 PORTLAND DR.
CITY-ST-ZIP ST. LOUIS MO

TITLE DST
NAME GILLESPIE, GENE E
STREET ADDRESS 1115 ST. LOUIS ST.
CITY-ST-ZIP EDWARDSVILLE IL 62025

TITLE D
NAME HAGER, JR. C
STREET ADDRESS 8 SPOEDE LANE
CITY-ST-ZIP ST. LOUIS MO

TITLE D
NAME HIGGINS, DAVID C.
STREET ADDRESS 320 AARON
CITY-ST-ZIP BELLEVILLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME Adams, Jr., W. Randolph
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 733 Fairfield Lake Drive
3.4 CITY-ST-ZIP Town & Country, MO 63017 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

[Signature]

7.7.97

18.4/4.5.3891

CR2E034 (4/97)

Additional Director of Mississippi Valley Advisors Inc.

**Mr. Carroll F. McMahon - Director
136 Pointer Lane
St. Louis, MO 63124**