

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90102 016 \*\*\*150.00

DOCUMENT # F94000000865

1. Corporation Name  
MISSISSIPPI VALLEY ADVISORS INC.

Principal Place of Business  
ONE MERCANTILE CENTER  
STE 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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME MCCLURE, JOHN W  
STREET ADDRESS 2 ELK TRAIL  
CITY-ST-ZIP ST CHARLES MO 63303

1.1 TITLE C  
1.2 NAME Arnold, John A.  
1.3 STREET ADDRESS 35 Countryside Lane  
1.4 CITY-ST-ZIP St. Louis, MO 63131

TITLE DP  
NAME BLIXEN, II JOHN H.  
STREET ADDRESS 2 VISTA BROOK LANE  
CITY-ST-ZIP ST. LOUIS MO 63124

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

TITLE DST  
NAME WEBSTER, III RALPH W.  
STREET ADDRESS 733 FAIRFIELD LAKE DRIVE  
CITY-ST-ZIP TOWN & COUNTRY MO 63017

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE D  
4.2 NAME McMahon, Carroll F.  
4.3 STREET ADDRESS 126 Pointer Lane  
4.4 CITY-ST-ZIP St. Louis, MO 63124

TITLE D  
NAME HAGER, JR C C  
STREET ADDRESS 8 SPOEDE LANE  
CITY-ST-ZIP ST. LOUIS MO 63124

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

TITLE D  
NAME HIGGINS, DAVID C.  
STREET ADDRESS 320 AARON  
CITY-ST-ZIP BELLEVILLE IL 62220

6.1 TITLE  
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: *Ralph W. Webster, III* RALPH W. Webster, III

Date

Daytime Phone #

3/2/99

(314) 418-3896

CR2E034 (1/98)