

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90125 020 \*\*\*150.00

DOCUMENT # F94000004220

1. Corporation Name  
STIFEL ALLIANCE REALTY CORP.

Principal Place of Business

500 N. BROADWAY  
SUITE 1700  
ST. LOUIS MO 63102

Mailing Address

500 N BROADWAY  
ATTN: CORPORATE ACCOUNTING  
ST LOUIS MO 63102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number  
43-1273530

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

21 501 N. BROADWAY  
Suite, Apt. #, etc.

2a. Mailing Address

26 501 N. BROADWAY  
Suite, Apt. #, etc.

22 ATTN: CORPORATE ACCOUNTING  
City & State

27 ATTN: CORPORATE ACCOUNTING  
City & State

23 ST. LOUIS, MO  
Zip Country

28 ST. LOUIS MO  
Zip Country

24 63102 25 USA

29 63102 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 VPD  
NAME KRUSZEWSKI, RONALD J  
STREET ADDRESS 500 N BROADWAY  
CITY-ST-ZIP ST. LOUIS MO

TITLE S  
NAME HARTMAN, CHARLES R  
STREET ADDRESS 500 N. BROADWAY  
CITY-ST-ZIP ST. LOUIS MO 63102

TITLE T  
NAME HERTLEIN, DENISE S  
STREET ADDRESS 500 N. BROADWAY  
CITY-ST-ZIP ST. LOUIS MO 63102

TITLE PD  
NAME WALKER, GEORGE H III  
STREET ADDRESS 500 N. BROADWAY  
CITY-ST-ZIP ST. LOUIS MO

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ALL ADDRESSES S/B ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 501 N. BROADWAY  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone #

CR2E034 (11/98)