2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **F94000004220** May 24, 2000 8:00 am Secretary of State STIFEL ALLIANCE REALTY CORP. 05-24-2000 90149 005 \*\*\*150.00 Principal Place of Business Mailing Address 501 N. BROADWAY 501 N. BROADWAY ATTN: CORPORATE ACCOUNTING ATTN: CORPORATE ACCOUNTING ST. LOUIS MO 63102 ST. LOUIS MO 63102-2102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1273530 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing-\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KRUSZEWSKI, RONALD J NAME 501 N.BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARTMAN, CHARLES R NAME NAME STREET ADDRESS 501 N.BROADWAY STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO 63102 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE HERTLEIN. DENISE S NAME NAME -STREET ADDRESS 501 N.BROADWAY STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO 63102 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete WALKER, GEORGE H III NAME NAME 501 N.BROADWAY STREET ADDRESS STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

(314)342-2000