FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000000523 (9)

1. Corporation Name

KENNY SECURITIES CORP.

Principal Place of Business: ~~9057 CLAYTON ROAD LADUE MO 63117~~

Mailing Address: ~~9057 CLAYTON ROAD LADUE MO 63117~~

2. Principal Place of Business	2a. Mailing Address
21 7711 Carondelet Ave. Ste. 900	26 7711 Carondelet Ave. Ste 900
Suite, Apt. #, etc. 22 ST. LOUIS, MO.	Suite, Apt. #, etc. 27 ST. LOUIS, MO.
City & State 23 63105	City & State 28 63105
Zip 24 — Country 25	Zip 29 — Country 30

3. Date Incorporated or Qualified: 01/31/1995
3a. Date of Last Report:
4. FEI Number: 43-1689119 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

TITLE	PCT	☐ DELETE
NAME	KENNY, JOHN J	
STREET ADDRESS	9057 CLAYTON ROAD	
CITY-ST-ZIP	LADUE MO 63117	
TITLE	S	☐ DELETE
NAME	GALDA, JOSEPH P	
STREET ADDRESS	~~C/O CLARK,LARDNER/ 2005 MARKET ST. 22ND FL~~	
CITY-ST-ZIP	~~PHILADELPHIA PA 19103~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Buchanan Ingersoll Professional Corp.	
2.3 STREET ADDRESS	1200 Two Logan Square 18th & Arch Streets	
2.4 CITY-ST-ZIP	Philadelphia, PA 19103-6933	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/17/96 Daytime Phone #: (314) 726-4777

CR2E034 (12/95)