

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91286 023 \*\*\*150.00

**DOCUMENT # F99000005150**

1. Entity Name  
WALL STREET CONCEPTS INC.



Principal Place of Business  
44 WALL STREET  
3RD FLOOR  
NEW YORK CITY, NY 10004

Mailing Address  
601 SECOND AVE SOUTH  
HOPKINS, MN 55343

**14009278**



**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-3977917

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, WILLIAM E 90 BROAD STREET, 15TH FLOOR NEW YORK CITY, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLK, ARTHUR 90 BROAD STREET, 15TH FLOOR NEW YORK CITY, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROSS, LAWRENCE A 1285 DRUMMERS LANE WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CON THORSAN, MARC 601 SECONDRUNNER SOUTH HOPKINS, MN 55343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUANE, MICHAEL J 1285 DRUMMERS LANE WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 E. SWEDES FORD ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THORSEN, MARC 601 SECOND AVE SOUTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 E. SWEDES FORD ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ 4/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #