

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90172 012 ***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



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____
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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, WILLIAM E
STREET ADDRESS	90 BROAD STREET, 15TH FLOOR
CITY-ST-ZIP	NEW YORK CITY, NY 10004
TITLE	V
NAME	WOLK, ARTHUR
STREET ADDRESS	90 BROAD STREET, 15TH FLOOR
CITY-ST-ZIP	NEW YORK CITY, NY 10004
TITLE	CEO CFO
NAME	GROSS, LAWRENCE A CUMMINGS, KIRIN
STREET ADDRESS	680 E. SWEDES FORD ROAD 90 SOUTH 400 WEST
CITY-ST-ZIP	WAYNE, PA 19087 SALT LAKE CITY, UT 84141
TITLE	CON
NAME	THORSEN, MARC
STREET ADDRESS	601 SECOND AVE SOUTH
CITY-ST-ZIP	HOPKINS, MN 55343
TITLE	D
NAME	RUANE, MICHAEL J
STREET ADDRESS	680 E. SWEDES FORD ROAD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

4/11/06

Date

Daytime Phone #