2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M08000000498

Entity Name: A. G. EDWARDS & SONS, LLC

Current Principal Place of Business:

ONE NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103

New Principal Place of Business:

Current Mailing Address:

ONE NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103

New Mailing Address:

FEI Number: 43-0895447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BAGBY, ROBERT L	
Address:	ONE NORTH JEFFERSON AVENUE	
City-St-Zip:	ST. LOUIS, MO 63103	
Title:	MGR	( ) Delete
Name:	ATKIN, MARY	
Address:	ONE NORTH JEFFERSON AVENUE	
City-St-Zip:	ST. LOUIS, MO 63103	
Title:	MGR	( ) Delete
Name:	HOPKINS, DAVID R	
Address:	ONE NORTH JEFFERSON AVENUE	
City-St-Zip:	ST. LOUIS, MO 63103	
Title:	MGR	( ) Delete
Name:	LUDEMAN, DANIEL J	
Address:	901 E. BYRD STREET	
City-St-Zip:	RICHMOND, VA 23219	
Title:	MGR	(X) Delete
Name:	KELLY, DOUGLAS L	
Address:	ONE NORTH JEFFERSON AVENUE	
City-St-Zip:	ST. LOUIS, MO 63103	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	KELLY, DOUGLAS L	
Address:	ONE NORTH JEFFERSON AVENUE	
City-St-Zip:	ST. LOUIS, MO 63103	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MITCHELL, APRILLE M	
Address:	301 SOUTH COLLEGE STREET	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: APRILLE M. MITCHELL VP 04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date