

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #
 1. Entity Name **#P07661**
 FFP Advisory Services, Inc.

DO NOT WRITE IN THIS SPACE

636039

2. Principal Place of Business
 15455 Conway Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 15455 Conway Rd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Chesterfield, Mo

City & State
 Chesterfield, MO

Zip
 63017

Country
 St. Louis

Zip
 63017

Country
 St. Louis

4. FEI Number
 43-0989354

Applied For
 Not Applicable

**DO NOT WRITE
 IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.

City
 Plantation

FL

Zip Code
 33324

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President/Director Craig A. Junkins 15455 Conway Rd. Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP/Director/CCO Rosanne S. Horan 15455 Conway Rd. Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLO/Secretary/Director Judy Bruton 15455 Conway Rd. Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Director Jeffrey Yount 15455 Conway Rd. Chesterfield, MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Rosanne S. Horan Rosanne S. Horan 3127102 (636) 537-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #