

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115579

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P17983

(8)

1. Corporation Name

WALNUT STREET SECUTITIES, INC.



Principal Place of Business

670 MASON RIDGE CT DR
300
ST LOUIS, MO 63141
US

Mailing Address

670 MASON RIDGE CTR DR
300
ST LOUIS, MO 63141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1988

4. FEI Number

43-1333368

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 400 S. 4th Street

Suite, Apt. #, etc.

22 Suite 1000

City & State

23 St. Louis, mo

Zip

Country

24 63102

25 US

2a. Mailing Address

26 400 S. 4th Street

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 St. Louis, mo

Zip

Country

29 63102

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 P ☐ DELETE

NAME RICHARD J MILLER
STREET ADDRESS 14049 FOREST CREST
CITY-ST-ZIP CHESTERFIELD MD

TITLE V ☐ DELETE

NAME WULLER, DON P.
STREET ADDRESS 1720 SHILOH RIDGE
CITY-ST-ZIP ST LOUIS MO

TITLE VP ☐ DELETE

NAME NANCY L GUCWA
STREET ADDRESS 670 MASON RIDGE CARTER DR
CITY-ST-ZIP ST. LOUIS MO

TITLE D ☐ DELETE

NAME MCCAULEY, MATTHEW P
STREET ADDRESS 6800 PERSHING
CITY-ST-ZIP ST. LOUIS MO

TITLE T ☐ DELETE

NAME E THOMAS HUGHES JR
STREET ADDRESS 700 MARKET ST
CITY-ST-ZIP ST. LOUIS MO

TITLE D ☐ DELETE

NAME WOLZENSKI, BERNARD H
STREET ADDRESS 700 MARKET
CITY-ST-ZIP ST LOUIS MO

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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]

3/1/98

201-244-9200

CR2E034 (5/98)