

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90081 036 \*\*\*150.00

DOCUMENT # P17983

1. Corporation Name

WALNUT STREET SECUTITIES, INC.

Principal Place of Business

400 S 4TH ST  
SUITE 1000  
ST LOUIS, MO 63102  
US

Mailing Address

400 S 4TH ST  
SUITE 1000  
ST LOUIS, MO 63102  
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 the current year Intangible  
Personal Property Tax.

☒ 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

24 63102

Country

25 US

2a. Mailing Address

26 400 S. 4th Street

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 St. Louis, Mo

Zip

29 63102

Country

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

☐ DELETE

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

TITLE V ☐ DELETE

NAME WULLER, DON P.  
STREET ADDRESS 1729 SHILOH RIDGE  
CITY-ST-ZIP ST LOUIS MO

TITLE VP ☒ DELETE

NAME NANCY L GUCWA  
STREET ADDRESS 12392 CREEK RUN DR  
CITY-ST-ZIP ST. LOUIS MO 63141

TITLE D ☒ DELETE

NAME MCCAULEY, MATTHEW P  
STREET ADDRESS 6309 PERSHING AVE  
CITY-ST-ZIP ST. LOUIS MO 63130

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 5124 CARRIAGE TRACE DR  
CITY-ST-ZIP ST LOUIS MO 63128

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

6.235 Carriage Trace Dr.

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)