

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17983

1. Entity Name

WALNUT STREET SECUTITIES, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91394 001 ***150.00

0808855 AT

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1333368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6.-Name and Address of Current Registered Agent

7.-Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **WULLER, DON P.**
 STREET ADDRESS **1729 SHILOH RIDGE**
 CITY-ST-ZIP **ST LOUIS MO**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPCS** ☐ Delete
 NAME **MCCAULEY, MATTHEW P**
 STREET ADDRESS **6309 PERSCHING**
 CITY-ST-ZIP **SAINT LOUIS MO 63130**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AT** ☐ Delete
 NAME **KOEGER, JAMES**
 STREET ADDRESS **9217 WEMBLEY WOODS**
 CITY-ST-ZIP **ST. LOUIS MO 63126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **WULLER, DON P**
 STREET ADDRESS **1729 SHILOH RIAGE**
 CITY-ST-ZIP **CHESTERFIELD MO 63005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WOLZENSKI, BERNARD H**
 STREET ADDRESS **6235 CARRIAGE TRACE DR**
 CITY-ST-ZIP **ST LOUIS MO 63128**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W Koeger
James W Koeger 3-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)