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CR# P30271

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P30944** **(3)**

1. Corporation Name

SCOTTSDALE SECURITIES, INC.

Principal Place of Business	Mailing Address
12855 FLUSHING MEADOW P.O. BOX 32759 ST. LOUIS MO 63131 US	P.O. BOX 31759 P.O. BOX 31759 ST. LOUIS MO 63131-0759 US

3. Date Incorporated or Qualified: **09/13/1990**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business	2a. Mailing Address
21 12855 FLUSHING MEADOW	26 P.O. BOX 31759
Suite, Apt. #, etc. 22 P.O. BOX 31759	Suite, Apt. #, etc. 27
City & State 23 ST. LOUIS MO. 63131	City & State 28 ST. LOUIS MO.
Zip / Country 24 63131 / 25 USA	Zip / Country 29 63131-0759 / 30 USA

4. FEI Number: **86-0381976** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of new registered agent, and title, if applicable — NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RINEY, RODGER O.		1.2 NAME	
STREET ADDRESS	838 PLYMOUTH ROOK		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		1.4 CITY-ST-ZIP	
TITLE	VCS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RINEY, PAULA C.		2.2 NAME	
STREET ADDRESS	838 PLYMOUTH ROCK		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added above.

SIGNATURE: [signature] PRESIDENT 4/16/96 314-965-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #