

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P30944		
1. Entity Name SCOTTRADE, INC.		
Principal Place of Business 12800 CORPORATE HILL ST. LOUIS, MO 63131 US	Mailing Address P.O. BOX 31759 ST. LOUIS, MO 63131-0759 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RINEY, RODGER O. 12800 CORPORATE HILL SAINT LOUIS, MO 63131	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS RINEY, PAULA C. 12800 CORPORATE HILL SAINT LOUIS, MO 63131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIESE, RONALD 12800 CORPORATE HILL SAINT LOUIS, MO 63131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WULF, JANE 12800 CORPORATE HILL SAINT LOUIS, MO 63131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE: <u>Ronald D. Wiese</u> <u>Ronald D. Wiese</u> 1/17/06 314-955-1535		Date _____ Daytime Phone # _____



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number **86-0381976** Applied For ☐ Not Applicable ☐

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

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01/31/06-80012-024 150.00