## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P30944

1. Entity Name SCOTTRADE, INC.



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

12800 CORPORATE HILL ST. LOUIS, MO 63131 US Mailing Address

P.O. BOX 31759

ST. LOUIS, MO 63131-0759 US



					SPACE

01162008 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

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

		•		an de la companya de	and the second of the first of the second of
	named entity submits this statement for the pations of registered agent.	urpose of changing its register	red office or re	egistered agent, or b	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable (NOTE: Registeri	ed Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000790699 01/23/08-80044-012 150.00
10.	OFFICERS AND DIREC	TORS		. • «·.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RINEY, RODGER O. 12800 CORPORATE HILL SAINT LOUIS, MO 63131				
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			DO	NOT WRITE
TITLE NAME STREET ADDRESS	D WULF, JANE 12800 CORPORATE HILL			IN	THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SAINT LOUIS, MO 63131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.408

34-965-1555

Daytime Phone #