2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# M01000000493

Entity Name: WHITNEY, BAILEY, COX & MAGNANI, LLC

Current Principal Place of Business:

849 FAIRMOUNT AVE.
TOWSON, MD 21286

New Principal Place of Business:

Current Mailing Address:

849 FAIRMOUNT AVE.
TOWSON, MD 21286

New Mailing Address:

FEI Number: 52-1081866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	MONGAN, DAVID G	
Address:	849 FAIRMONT AVE	
City-St-Zip:	TOWSON, MD 21286	
Title:	VP	( ) Delete
Name:	SUGSS, DOUGLAS	
Address:	849 FAIRMOUNT AVE	
City-St-Zip:	TOWSON, MD 21286	
Title:	VP	( ) Delete
Name:	DER, PHILIP	
Address:	849 FAIRMONT AVE	
City-St-Zip:	TOWSON, MD 21286	
Title:	VP	( ) Delete
Name:	KRIEBEL, LEON	
Address:	849 FAIRMONT AVE	
City-St-Zip:	BALTIMERE, MD 21286	
Title:	VP	( ) Delete
Name:	NEGALUPPI, MARCO	
Address:	849 FAIRMONT AVE	
City-St-Zip:	BALTIMERE, MD 21286	
Title:	VP	( ) Delete
Name:	SHAFER, MARK	
Address:	849 FAIRMONT AVE	
City-St-Zip:	BALTIMERE, MD 21286	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	LEGALUPPI, MARCO	
Address:	849 FAIRMONT AVE	
City-St-Zip:	BALTIMERE, MD 21286	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE NEWMAN CFO 04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date