SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:09

DOCUMENT # **835538** **(0)**

1. Corporation Name
LEGG MASON WOOD WALKER, INCORPORATED

Principal Place of Business	Mailing Address
111 SOUTH CALVERT STREET P.O. BOX 1476 BALTIMORE CITY MD 21203	111 SOUTH CALVERT STREET P.O. BOX 1476 BALTIMORE CITY MD 21203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1975
3a. Date of Last Report: 02/11/1994
4. FEI Number: 52-0902557 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AVAS	11 TITLE		☐ Change ☐ Addition
NAME	PELUSO, SUZANNE E	12 NAME		
STREET ADDRESS	2 MULLINGAR COURT	13 STREET ADDRESS		
CITY ST ZIP	TIMONIUM MD	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	BACIGALUPO, CHARLES A	22 NAME		
STREET ADDRESS	1305 WESTELLEN ROAD	23 STREET ADDRESS		
CITY ST ZIP	TOWSON, MD 0	24 CITY ST ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	MASON, RAYMOND A	32 NAME		
STREET ADDRESS	1832 CIRCLE ROAD	33 STREET ADDRESS		
CITY ST ZIP	TOWSON, MD 0	34 CITY ST ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	BRINKLEY,JAMES W	42 NAME		
STREET ADDRESS	311 MEADOWCROFT LANE	43 STREET ADDRESS		
CITY ST ZIP	TOWSON, MD 0	44 CITY ST ZIP		
TITLE	VASD	51 TITLE	Sr. VP & Asst. Secy	☒ Change ☐ Addition
NAME	LOWMAN, HORACE M,JR	52 NAME		
STREET ADDRESS	924 HIGH STEPPER TRAIL	53 STREET ADDRESS		
CITY ST ZIP	SYKESVILLE MD	54 CITY ST ZIP		
TITLE	T	61 TITLE	Sr. VP & Treasurer	☒ Change ☐ Addition
NAME	SCHEVE, TIMOTHY C.	62 NAME		
STREET ADDRESS	204 TAPLOW ROAD	63 STREET ADDRESS		
CITY ST ZIP	BALTIMORE MD	64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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 on an attachment with an address.

SIGNATURE: Suzanne E. Peluso 6/9/95 410-539-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170582 FN