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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 835538 (0)

1. Corporation Name
LEGG MASON WOOD WALKER, INCORPORATED

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

Mailing Address
111 SOUTH CALVERT STREET
P.O. BOX 1476
BALTIMORE CITY MD 21203-1476



3. Date Incorporated or Qualified 12/04/1975
3a. Date of Last Report 01/30/1996

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
AVAS PELUSO, SUZANNE E
2 MULLINGAR COURT
TIMONIUM MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD BACIGALUPO, CHARLES A
1305 WESTELLEN ROAD
TOWSON, MD 0

TITLE NAME STREET ADDRESS CITY-ST-ZIP
CD MASON, RAYMOND A
1832 CIRCLE ROAD
TOWSON, MD 0

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD BRINKLEY, JAMES W
311 MEADOWCROFT LANE
TOWSON, MD 0

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SVAS LOWMAN, HORACE M, JR
924 HIGH STEPPER TRAIL
SYKESVILLE MD

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SVT SCHEVE, TIMOTHY C.
204 TAPLOW ROAD
BALTIMORE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 410-539-0000
Date Daytime Phone #

CR2E034 (9/96)