


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 Light St. Suite, Apt. #, etc. 22 City & State 23 Baltimore, MD Zip Country 24 21202 25 US	2a. Mailing Address 26 100 Light St. Suite, Apt. #, etc. 27 City & State 28 Baltimore, MD Zip Country 29 21202 30 US
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3. Date Incorporated or Qualified 12/04/1975	4. FEI Number 52-0902557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVAS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, SUZANNE E	1.2 NAME	
STREET ADDRESS	2 MULLINGAR COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACIGALUPO, CHARLES A	2.2 NAME	
STREET ADDRESS	1305 WESTELLEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON, MD 0	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RAYMOND A	3.2 NAME	
STREET ADDRESS	1832 CIRCLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON, MD 0	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKLEY, JAMES W	4.2 NAME	
STREET ADDRESS	311 MEADOWCROFT LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON, MD 0	4.4 CITY-ST-ZIP	
TITLE	SVAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWMAN, HORACE M, JR	5.2 NAME	
STREET ADDRESS	924 HIGH STEPPER TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SYKESVILLE MD	5.4 CITY-ST-ZIP	
TITLE	SVT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEVE, TIMOTHY C.	6.2 NAME	
STREET ADDRESS	204 TAPLOW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	6.4 CITY-ST-ZIP	

14. I 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:

[Signature]

2/23/98

440-539-0000

CR2E034 (10/97)