May 07, 1999 8:00 am Secretary of State

05-07-1999 90050 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 835538 1. Corporation Name

LEGG MASON WOOD WALKER, INCORPORATED

Principal Place of Business	!									
100 Light ST BAITMORE CITY MD 21202 US SAME AND PLANT APPLIES SAME APPLIE	Principal Place of Business Mailing Address									
BAITHURE CITY MD 21202 US SING NAME OF PRINCIPAL PLANCE OF Business										
3. Date incorporated or Qualified 12/QM/1975 2. Principal Place of Business 2. 2a. Mailing Address 4. File Number 5.209/QES57 No. Application 12/QM/1975 21 26 26 5. Central Cen							DO NOT WEITS IN THE SCARE			
12/M/1975	US US									
2. Principal Place of Business 2. 2a. Mailing Address 28 School							•			
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27 City & State		# ata		Suite Ant # etc			32 0302337			
City & State Country 28	<u> </u>		<u> </u>				5. Certifcate of Status Desired			
Zip Country Zip Country Zip Country S. This corporation was the current year interaged No.	City & State					6 Flection Campaign Financing	\$5.00	May Be		
Zip Country Zip Country Zip Country Sin scorporation ows the current year intangible Personal Property Tax. % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % % %	<u> </u>		⊢ , '			, -				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorial Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorial Statutes, and the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as regi			Country			8. This corporation owes the current	year Intangible			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION F1. 33324 8							Personal Property Tax.	☐ Yes	□No	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 agent, 1 and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 1 and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 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 agent, 1 and familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 12. OFFICERS AND DIRECTORS 13. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. NAME 17. PURSUANDE SUBMITS TO OFFICERS AND DIRECTORS IN 12. 18. AND DIRECTORS IN 12. 19. AND DIRECTORS IN 1	<u> </u>	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regi	stered Agent		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 133 141. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 141. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 15. Signature 12. OFFICERS AND DIRECTORS 13. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST.2P 15. TITLE AVAS 15. STREET ADDRESS 15. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. STREET ADDRESS 15. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Support of private agent				81	Name)			Ì	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the opporationed agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the opporationed agent and of registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the opporationed agent and separate of separate of provisions of, Section 607.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIME AVAS DELETE 11 TIME AVAS PELUSO, SUZANNE E 12 NMLLINGAR COURT 13. STREET ADDRESS IN MILLINGAR COURT TIME SD DELETE 21 TIME SD DELETE 21 TIME SD DELETE 21 TIME SD DELETE 21 TIME SO DELETE 21 TIME SO DELETE 31 TIME ANAGON, RAYMOND A 22 SIRRET ADDRESS IN 1305 WESTELLEN ROAD STREET ADDRESS 14 CITY-ST-ZPP TIME D Change Addition NAME MASON, RAYMOND A 12 NAME STREET ADDRESS 11 MEADOWCROFT LANE TIME SVAS CITY-ST-ZPP TIME SVAS CITY-ST-ZPP TIME SVAS CITY-ST-ZPP TIME SVAS CITY-ST-ZPP		- · ·			of our region (i.e. box regions in the resonance)					
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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, and familiar with, and accept the obligations of, Section 607 0605, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. NOTE: Proposed Agent signature required when reinstating DATE 12. OFFICERS AND DIRECTORS 13. V ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE AVAS DELETE 11.TITLE DOLey, Charles J. Change DATAddition by ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIME SD DOLEGH STREET ADDRESS J. LITTLE DOLey, Charles J. LITTLE J. LI				84	City			85 Zip	Code	
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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 in attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

BALTIMORE MD

Daytime Phone #