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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90050 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835538

1. Corporation Name

LEGG MASON WOOD WALKER, INCORPORATED

Principal Place of Business

100 LIGHT ST  
BALTIMORE CITY MD 21202  
US

Mailing Address

100 LIGHT ST  
BALTIMORE CITY MD 21202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1975

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

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	AVAS	<input type="checkbox"/> DELETE
NAME	PELUSO, SUZANNE E	
STREET ADDRESS	2 MULLINGAR COURT	
CITY-ST-ZIP	TIMONIUM MD	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BACIGALUPO, CHARLES A	
STREET ADDRESS	1305 WESTELLEN ROAD	
CITY-ST-ZIP	TOWSON, MD 0	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MASON, RAYMOND A	
STREET ADDRESS	1832 CIRCLE ROAD	
CITY-ST-ZIP	TOWSON, MD 0	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRINKLEY, JAMES W	
STREET ADDRESS	311 MEADOWCROFT LANE	
CITY-ST-ZIP	TOWSON, MD 0	

TITLE	SVAS	<input type="checkbox"/> DELETE
NAME	LOWMAN, HORACE M, JR	
STREET ADDRESS	924 HIGH STEPPER TRAIL	
CITY-ST-ZIP	SYKESVILLE MD	

TITLE	SVT	<input type="checkbox"/> DELETE
NAME	SCHEVE, TIMOTHY C.	
STREET ADDRESS	204 TAPLOW ROAD	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Daley, Charles J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	100 Light Street	
1.3 STREET ADDRESS	Baltimore, md 21202	
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)