

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835538

1. Entity Name

LEGG MASON WOOD WALKER, INCORPORATED

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90007 027 ***150.00

Principal Place of Business

Mailing Address

100 LIGHT ST
BALTIMORE CITY MD 21202
US

100 LIGHT ST, 30th Floor
BALTIMORE CITY MD 21202-1036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0902557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME DALEY, CHARLES
STREET ADDRESS 100 LIGHT ST
CITY-ST-ZIP BALTIMORE MD 21202

TITLE VP ☒ Change ☐ Addition
NAME BAKER, RICHARD L.
STREET ADDRESS 100 LIGHT ST.
CITY-ST-ZIP BALTIMORE, MD 21202

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

3/31/00.

Date

410-539-0000

Daytime Phone #

CR2E034 (9/99)