2 9 1 * PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FIĽED FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 02 MAR 20 AM 10: 08 REINSTATEMENT Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # 5538 1. Corporation Name Legg Mason Wood Walker, Inc. 700005182377--4 -04/02/02--01030--022 ****900.00 ****900.00 2. Principal Office Address 3. Malling Office Address NSTATEMENT 100 Light St. Suite, Apt. #, etc. 100 Light St Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 30th 30th Flr- Finance Finance 12/4/1975 City & State City & State Applied For 5. FEI Number Baltimore Baltimore, 52-0902557 Not Applicable Zip Country Country 6 S8.75 Additional Fee required for a Certificate of Status 21202 U.S.A. CERTIFICATE OF STATUS DESIRED 21202 USA 7. Name and Address of Current Registered Agent Name Corporation 4 Street Address (P.O. Box Number is Not Acceptable) -04/02/02--01030--323 1200 S. Pine Island *****17.50 ***** Suite, Apt. #, Etc. Citv State Zip Code Plantation FL 33.324 10/6) 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. CR2E081 Signature of Hillon Spicial REGISTERED AGENT MUST SIGN Assistant Sicutary Date. Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Raymond A. Mason Baltimore, MD 21202 CD 100 Light St. Brinkley James W. Light St Baltimore, MD 21202 PD 100 Horace Lowman Sf. SVAS 100 Baltimore, MD 21202 C. Scheve St. Timothy 100 Baltimore M SVP 21202 SVP Baltimore, Charles J. Daley. Jr. 100 MT 2/202 CFO VP 100 Ba Bob 2/202 lon HIMORE, MD 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 410-454-4454 ROBERT J. S. 1100, JR 2/25/02 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone 4

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