



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90348 037 \*\*\*150.00

<b>DOCUMENT # 835538</b> 1. Entity Name <b>LEGG MASON WOOD WALKER, INCORPORATED</b>					
Principal Place of Business <b>100 LIGHT STREET, 30TH FLOOR (FINANCE)</b> <b>BALTIMORE, MD 21202 US</b>			Mailing Address <b>100 LIGHT STREET, 30TH FLOOR (FINANCE)</b> <b>BALTIMORE, MD 21202 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>23rd Floor Legal</b> City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. <b>23rd Fl (Legal)</b> City & State Zip Country			
4. FEI Number <b>52-0902557</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>526 E. PARK AVE.</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINKLEY, JAMES W 100 LIGHT ST BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS LOWMAN, HORACE 100 LIGHT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Executive VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert G. Sabelhaus</b> <b>100 Light St. Baltimore MD 21202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MASON, RAYMOND A 100 LIGHT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Executive VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph A. Sullivan</b> <b>100 Light St. Baltimore MD 21202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SCHEVE, TIMOTHY C 100 LIGHT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO and President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF DALEY, CHARLES J JR. 100 LIGHT STREET BALTIMORE, MD. 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP, CFO and Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, BOB 100 LIGHT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Executive VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas P. Mulroy</b> <b>100 Light St. Baltimore MD 21202</b>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Thomas C. Merchant</b> <b>Thomas C. Merchant, Asst. Sec.</b> <b>4/19/04</b> <b>410-454-4418</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Alpha Chrome Wt*

*44039714*

*#835538*

Attachment A

**LEGG MASON WOOD WALKER, INCORPORATED**

**BOARD OF DIRECTORS**

All of the Directors have the following business address:

*100 Light Street  
Baltimore, MD 21202*

James W. Brinkley

Thomas P. Mulroy

Robert G. Sabelhaus

Timothy C. Scheve

Joseph A. Sullivan

**EXECUTIVE OFFICERS**

All of the Officers have the following business address:

*100 Light Street  
Baltimore, MD 21202*

**Chairman**

James W. Brinkley

**Chief Financial Officer & Treasurer**

Charles J. Daley, Jr.

**Chief Executive Officer and President**

Timothy C. Scheve

**Secretary**

Robert F. Price

**Senior Executive Vice President**

Richard J. Himelfarb

**General Counsel**

Robert E. Patterson

**Executive Vice Presidents**

Manoochehr Abbaci

Thomas P. Mulroy

Robert G. Sabelhaus

Joseph A. Sullivan

**Assistant Secretary**

Thomas C. Merchant