

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851918 (3)

1. Corporation Name

BROWN & COMPANY SECURITIES CORPORATION



Principal Place of Business

Mailing Address

~~20 WINTHROP SQUARE~~
~~BOSTON MA 02108~~

~~20 WINTHROP SQUARE~~
~~BOSTON MA 02108~~

One Beacon St., 18th Fl.
Boston, MA 02108

One Beacon St., 18th Fl.
Boston, MA 02108

2. Principal Place of Business

2a. Mailing Address

21 One Beacon St.

26 One Beacon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 18th Floor

27 18th Floor

City & State

City & State

23 Boston, MA

28 Boston, MA

Zip

Country

Zip

Country

24 02108

25 U.S.A.

29 02108

30 U.S.A.

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, CARL V.
111 NORTH ORANGE AVE.
SUITE 975
ORLANDO FL 32801

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 agent, etc.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, GEORGE A.
STREET ADDRESS 20 WINTHROP SQUARE
CITY-ST-ZIP BOSTON MA ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS One Beacon St., 18th Floor
1.4 CITY-ST-ZIP Boston, MA 02108 ☒ Change ☐ Addition

TITLE TD
NAME STREISFELD, ANDREW M.
STREET ADDRESS 20 WINTHROP SQUARE
CITY-ST-ZIP BOSTON MA ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ASHBY, JOHN H.
STREET ADDRESS 30 FEDERAL ST.
CITY-ST-ZIP BOSTON MA ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHERMAN, GARY M
STREET ADDRESS 30 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 270 Park Avenue
4.4 CITY-ST-ZIP New York, NY 10017 ☒ Change ☐ Addition

TITLE D
NAME FOGARTY, JOHN T
STREET ADDRESS 30 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS William H. Turner
6.4 CITY-ST-ZIP 270 Park Avenue
New York, NY 10017 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

George A. Brown
George A. Brown

2/25/96

617-357-4410

Date

Daytime Phone #

CR2E034 (12/95)