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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
1 BEACON STREET 18TH FLOOR BOSTON MA 02108 US	1 BEACON STREET 18 FLOOR BOSTON MA 02108-3102 US

3. Date Incorporated or Qualified: 02/22/1982
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business
21 One Beacon St.
22 Suite, Apt. #, etc: 18th Floor
23 City & State: Boston, MA
24 Zip: 02108
25 Country: U.S.A.

2a. Mailing Address
26 One Beacon St.
27 Suite, Apt. #, etc: 18th Floor
28 City & State: Boston, MA
29 Zip: 02108
30 Country: U.S.A.

4. FEI Number: 04-2595129 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, GEORGE A.		1.2 NAME		
STREET ADDRESS	1 BEACON STREET, 18TH FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STREISFELD, ANDREW M.		2.2 NAME		
STREET ADDRESS	20 WINTHROP SQUARE		2.3 STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	Boston, MA 02108	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ASHBY, JOHN H.		3.2 NAME		
STREET ADDRESS	30 FEDERAL ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	SHERMAN, GARY M		4.2 NAME	Sarah E. Jones, Director	
STREET ADDRESS	270 PARK AVENUE		4.3 STREET ADDRESS	5 High Meadows Rd.	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Mt. Kisco, NY 10549	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	TURNER, WILLIAM H		5.2 NAME	Francis X. Burnes, Director	
STREET ADDRESS	270 PARK AVENUE		5.3 STREET ADDRESS	327 Hulls Hill Rd.	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Southbury, CT 06488	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME			6.2 NAME	John J. STack, Director	
STREET ADDRESS			6.3 STREET ADDRESS	1105 Park Avenue #5D	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10128	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: George A. Brown 3/10/97 (617) 357-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000020
George A. Brown