

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
1 BEACON STREET
18TH FLOOR
BOSTON MA 02108
US

Mailing Address
1 BEACON STREET
18 FLOOR
BOSTON MA 02108
US

FILED
Jul 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2595129	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	BROWN, GEORGE A.	1.2 NAME	Hoefling, William H.
STREET ADDRESS	1 BEACON STREET, 18TH FLOOR	1.3 STREET ADDRESS	335 Old Army Road
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	Basking Ridge, NJ 07920
TITLE	TD	2.1 TITLE	D
NAME	STREISFELD, ANDREW M.	2.2 NAME	Rotella, Gregory
STREET ADDRESS	ONE BEACON STREET	2.3 STREET ADDRESS	57 Hillside Avenue
CITY-ST-ZIP	BOSTON MA 02108	2.4 CITY-ST-ZIP	Short Hills, NJ 07078
TITLE	SD	3.1 TITLE	
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	4.1 TITLE	
NAME	JONES, SARAH E	4.2 NAME	
STREET ADDRESS	5 HIGH MEADOWS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. KISCO NY 10549	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BURNES, FRANCIS X	5.2 NAME	
STREET ADDRESS	327 HULLS HILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBURY CT 03488	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	STACK, JOHN J.	6.2 NAME	
STREET ADDRESS	1105 PARK AVE., #5D	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	6.4 CITY-ST-ZIP	

14. 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 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:

Susan M. Bonakoff

7/23/98

CR2E034 (5/98)