SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90017 038 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851918

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1982

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	ONE BEACON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02108		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Clerk/Secretary	☐ Change ☒ Addition
NAME	ASHBY, JOHN H.		3.2 NAME	Barry S. Fischer	
STREET ADDRESS	30 FEDERAL ST.		3.3 STREET ADDRESS	1 Beacon Street, 18th Floor	
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP	Boston, MA 02108	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOEFLING, WILLIAM H		5.2 NAME		
STREET ADDRESS	335 OLD ARMY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE NJ 07920		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROTELLA, GREGORY		6.2 NAME		
STREET ADDRESS	57 HILLSIDE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ 07078		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: SIGNATURE HERE 7/2/99 617-624-6385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #