2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # 851918 1. Entity Name BROWN & COMPANY SECURITIES CORPORATION 02-14-2000 90040 015 ***150.00 Mailing Address Principal Place of Business 1 BEACON STREET BEACON STREET 18 FLOOR 18TH FLOOR BOSTON MA 02/08-3116 BOSTON MA 02108 U\$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-2595129 Not Applicable \$8.75 Additional Country Zip Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _Halverson,_Scott. 111 NORTH ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 91050 ORLANDO FL 32801 Zip Code City 8. The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1korso Scott Halverson, Manager SIGNATURE. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable Signature, typed occir FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition X Delete TITLE Co-President TITLE Francis G. O'Connor NAMÉ BROWN, GEORGE A. NAME STREET ADDRESS 1 Beacon Street, 18th Floor 1 BEACON STREET, 18TH FLOOR STREET ADDRESS CITY-ST-ZIP Boston, MA 02108 CITY-ST-ZIP **BOSTON MA** Addition Change Treasurer TITLE Delete TD TITLE John Graudins STREISFELD, ANDREW M. NAME 1 Beacon Street, 18th Floor STREET ADDRESS ONE BEACON STREET STREET ADDRESS Boston, MA 02108 CITY-ST-ZIP CITY-S1-2)P **BOSTON MA 02108** Addition ☐ Change TITLE Delete TITLE NAME FISCHER, BARRY S NAME STREET ADDRESS 1 BEACON STREET, 18TH FLOOR STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02108** CITY-ST-ZIP Addition Change Delete JONES, SARAH E NAME NAME STREET ADDRESS STREET ADDRESS 5 HIGH MEADOWS RD. CITY-ST-ZIP CITY-ST-ZIP MT. KISCO NY 10549 Addition ☐ Change Delete 3.00 TITLE NAME HOEFLING, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 335 OLD ARMY RD CITY-ST-ZIP BASKING RIDGE NJ 07920 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Defete ROTELLA, GREGORY NAME RAME STREET ADDRESS 57 HILLSIDE AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SHORT HILLS NJ 07078 13. 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 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered.

2000

(617) 624-6385