

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 851918**

1. Entity Name

BROWN & COMPANY SECURITIES CORPORATION**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90052 007 ***150.00

910094

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1 BEACON STREET
18TH FLOOR
BOSTON MA 02108
US**

Mailing Address

**1 BEACON STREET
18 FLOOR
BOSTON MA 02108
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2595129

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Mindy Miles
111 NORTH ORANGE AVE.
SUITE 975
ORLANDO FL 32801**Name
Mindy MilesStreet Address (P.O. Box Number is Not Acceptable)
111 North Orange Avenue**Suite 975**City
Orlando**FL**Zip Code
32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mindy Miles* **Mindy Miles, Manager** **1/22/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Delete
NAME **GRAUDINS, JOHN**
STREET ADDRESS **1 BEACON STREET, 18TH FLOOR**
CITY-ST-ZIP **BOSTON MA**TITLE **P/D** ☐ Change ☒ Addition
NAME **Elizabeth J. Fisher**
STREET ADDRESS **1 Beacon Street, 18th Floor**
CITY-ST-ZIP **Boston, MA 02108**TITLE **TD** ☒ Delete
NAME **STREISFELD, ANDREW M.**
STREET ADDRESS **ONE BEACON STREET**
CITY-ST-ZIP **BOSTON MA 02108**TITLE **D** ☐ Change ☒ Addition
NAME **Francis G. O'Connor**
STREET ADDRESS **1 Beacon Street, 16th Floor**
CITY-ST-ZIP **Boston, MA 02108**TITLE **CS** ☐ Delete
NAME **FISCHER, BARRY S**
STREET ADDRESS **1 BEACON STREET, 18TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02108**TITLE **D** ☐ Change ☒ Addition
NAME **Kelly Mathieson**
STREET ADDRESS **401 East 34th St., Apt. S11B**
CITY-ST-ZIP **New York, NY 10016**TITLE **D** ☒ Delete
NAME **JONES, SARAH E**
STREET ADDRESS **5 HIGH MEADOWS RD.**
CITY-ST-ZIP **MT. KISCO NY 10549**TITLE **D** ☐ Change ☒ Addition
NAME **Jeffrey Connors**
STREET ADDRESS **50 Commonwealth Ave., Apt. 701**
CITY-ST-ZIP **Boston, MA 02116**TITLE **D** ☐ Delete
NAME **HOEFLING, WILLIAM H**
STREET ADDRESS **335 OLD ARMY RD**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **ROTELLA, GREGORY**
STREET ADDRESS **57 HILLSIDE AVE**
CITY-ST-ZIP **SHORT HILLS NJ 07078**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Barry S. Fischer***Barry S. Fischer, Clerk 1/19/01 (617)624-6385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)