FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # F0000000100 1. Entity Name BROWN MONROE, INC. 02-26-2002 90073 002 ***150 00 Principal Place of Business Mailing Address 225 EAST REDWOOD STREET 225 EAST REDWOOD STREET BALTIMORE MD 21202 BALTIMORE MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2208348 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME PRUGH, JOHN M NAME STREET ADDRESS 225 EAST REDWOOD STREET STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition BANCROFT, PETER E NAME NAME STREET ADDRESS 225 EAST REDWOOD STREET STREET ADDRESS CITY-ST-7IP **BALTIMORE MD 21202** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HALL: TERRY F NAME 225 EAST REDWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BALTIMORE MD 21202** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GISRIEL. TIMOTHY M NAME STREET ADDRESS 225 EAST REDWOOD STREET STREET ADDRESS CITY-ST-ZIP BALTIMORE MD 21202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 receiperpor 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:

02/06/02

410-727-4083