

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 027 ***150.00

DOCUMENT # F0000000100					
1. Entity Name BROWN MONROE, INC.					
Principal Place of Business 300 EAST LOMBARD ST. STE. 1200 BALTIMORE, MD 21202			Mailing Address 300 EAST LOMBARD ST. STE. 1200 BALTIMORE, MD 21202		
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 52-2208348	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRUGH, JOHN M		NAME		
STREET ADDRESS	300 EAST LOMBARD ST., STE. 1200		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANCROFT, PETER E		NAME		
STREET ADDRESS	300 EAST LOMBARD ST., STE. 1200		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, TERRY F		NAME		
STREET ADDRESS	300 EAST LOMBARD ST., STE. 1200		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GISRIEL, TIMOTHY M		NAME	TD Gisriel, Timothy M	
STREET ADDRESS	300 EAST LOMBARD ST., STE. 1200		STREET ADDRESS	300 East Lombard St Suite 1200	
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change
NAME			NAME	Russell, Kathleen F	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	300 East Lombard St, Suite 1200	
CITY-ST-ZIP			CITY-ST-ZIP	Baltimore, MD 21202	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
		Treasurer		410-727-4083 <small>Daytime Phone #</small>	