2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE:

un

Feb 26, 2004 8:00 am Secretary of State DOCUMENT # F000000000904 02-26-2004 90017 033 ***150.00 1. Entity Name **BROWN VLN** Principal Place of Business Mailing Address 44014219 225 EAST REDWOOD STREET 225 EAST REDWOOD STREET BALTIMORE, MD 21202 BALTIMORE, MD 21202 2. Principal Place of Business 3. Mailing Address 300 EAST LOMBARD STREET 300 EAST LOMBARD STREET Suite, Apt. #, etc. Suite, Apt. #. etc. 02102004 Chg-P CR2E034 (10/03) **SUITE 1200 SUITE 1200** City & State City & State 4. FEI Number Applied For BALTIMORE, MD 52-2218091 BALTIMORE, MD Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired 21202 USA 21202 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ላኔ ., ምግር 2: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11 10. 11. -- - -- 🕝 Change ☐ Delete TITLE ÎITLE PRUGH, JOHN M NAME NAME 300 EAST LOMBARD STREET, SUITE 1200 225 EAST REDWOOD STREET STREET ADDRESS STREET ADDRESS BALTIMORE, MD 21202 BALTIMORE, MD CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition BANCROFT, PETER E NAME NAME STREET ADDRESS 225 EAST REDWOOD STREET 300 EAST LOMBARD STREET, SUITE 1200 STREET ADDRESS BALTIMORE, MD CITY-ST-ZIP CITY-ST-7IP BALTIMORE, MD 21202 ✓ Change ☐ Delete TITLE Addition TITLE GISRIEL, TIMOTHY M NAME NAME 300 EAST LOMBARD STREET, SUITE 1200~ - * 1 STREET ADDRESS 225 EAST-REDWOOD STREET STREET: ADDRESS BALTIMORE, MD 21202 CITY-\$T-ZIP BALTIMORE, MD 21202 CLTY - ST - ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME HALL, TERRY F 300 EAST LOMBARD STREET, SUITE 1200 225 E REDWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD CITY-ST-ZIP BALTIMORE, MD 21202 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change - Addition ☐ Delete TITLE THEF NAME NAME __ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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

 $\sqrt{\text{fimothy M Gisriel } 02/24/04 410-727-4083}}$

FILED