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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005439 (4)**

1. Corporation Name  
**BFP FINANCIAL PARTNERS, INC.**



Principal Place of Business  
**7 E. REDWOOD ST.  
BALTIMORE MD 21202**

Mailing Address  
**111 S. CALVERT STREET  
BALTIMORE MD 21202-6174**

3. Date Incorporated or Qualified <b>10/19/1994</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>52-1794977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRAB, W W</b>		1.2 NAME <b>John W. Houston</b>	
STREET ADDRESS <b>6703 FOXWORTH RD.</b>		1.3 STREET ADDRESS <b>2321 Woodmont Blvd.</b>	
CITY - ST - ZIP <b>PROSPECT KY</b>		1.4 CITY - ST - ZIP <b>Nashville, TN 37215</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Chairman of the Board</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOWMAN JR., HORACE M</b>		2.2 NAME <b>&amp; Director</b>	
STREET ADDRESS <b>924 HIGH STEPPER TRAIL</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>SYKESVILLE MD</b>		2.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TRIO, ROBERT S</b>		3.2 NAME <b>L. Kay Strohecker</b>	
STREET ADDRESS <b>831 WILLIAM STREET</b>		3.3 STREET ADDRESS <b>125 Fort Hoyle Rd.</b>	
CITY - ST - ZIP <b>BALTIMORE MD</b>		3.4 CITY - ST - ZIP <b>Joppa, MD 21805</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BUTLER, DONALD P</b>		4.2 NAME <b>C. Gregory Kallmyer</b>	
STREET ADDRESS <b>8359 TAMAR DRIVE</b>		4.3 STREET ADDRESS <b>4 Rushmore Ct.</b>	
CITY - ST - ZIP <b>COLUMBIA MD</b>		4.4 CITY - ST - ZIP <b>Towson, MD 21204</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BACIGALUPO, CHARLES A</b>		5.2 NAME <b>Suzanne E. Peluso</b>	
STREET ADDRESS <b>1305 WESTELLEN ROAD</b>		5.3 STREET ADDRESS <b>2 Mullingar Ct.</b>	
CITY - ST - ZIP <b>BALTIMORE MD</b>		5.4 CITY - ST - ZIP <b>Timonium, MD 21093</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRINKLEY, JAMES W</b>		6.2 NAME <b>John R. WOULD</b>	
STREET ADDRESS <b>311 MEADOWCROFT LANE</b>		6.3 STREET ADDRESS <b>11805 Randy Lane</b>	
CITY - ST - ZIP <b>BALTIMORE MD</b>		6.4 CITY - ST - ZIP <b>Laurel, MD 20708</b>	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Suzanne E. Peluso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

1/31/97

Date

410-539-0000

Daytime Phone #

CR2E034 (9/96)