

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 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 # F95000003018 (7)
1. Corporation Name
LOMBARD SECURITIES INCORPORATED



| | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202 | Mailing Address 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202-3293 |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 06/22/1995 | 3a. Date of Last Report 07/30/1996 |
|--------------------------------------------------------|----------------------------------------------|

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 52-1889603 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HENLEY, RANDALL W ESQUIRE
HENLEY & BRABHAM, P.A.
322 BAYNYAN BOULEVARD
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

| |
|--------------------------------------------------------|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

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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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--------------------------------------------|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | MCHUGH, DANIEL T | |
| STREET ADDRESS | 207 CHANCERY ROAD | |
| CITY-ST-ZIP | BALTIMORE MD 21218 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WOLOSZYN, JOHN J ESQUIRE | |
| STREET ADDRESS | 3516 N. CALVERT STREET | |
| CITY-ST-ZIP | BALTIMORE MD 21218 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GREEN, E H | |
| STREET ADDRESS | 1210 S.W. 22ND AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DATCHER, MARSHALL J | |
| STREET ADDRESS | 3314 20TH STREET, N.E. | |
| CITY-ST-ZIP | WASHINGTON DC 20018 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | AUSTIN, JAMES C | |
| STREET ADDRESS | 3516 DUDLEY AVENUE | |
| CITY-ST-ZIP | BALTIMORE MD 21213 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIS, H. PHILIP | |
| STREET ADDRESS | 11714 LIGHTFALL COURT | |
| CITY-ST-ZIP | COLUMBIA MD 21044 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: _____ DATE: **4/21/97** (410) 783-1600

CR2E034 (9/96)