

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # F95000003018 (7)**  
 1. Corporation Name  
**LOMBARD SECURITIES INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202**  
 Mailing Address: **300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202**

3. Date Incorporated or Qualified  
**06/22/1995**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-29)

4. FEI Number: **52-1889603**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 (81-85)

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MCHUGH, DANIEL T</b>	
STREET ADDRESS	<b>207 CHANCERY ROAD</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21218</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLOSZYN, JOHN J ESQUIRE</b>	
STREET ADDRESS	<b>3518 N. CALVERT STREET</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21218</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, E H</b>	
STREET ADDRESS	<b>1210 S.W. 22ND AVENUE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DATCHER, MARSHALL J</b>	
STREET ADDRESS	<b>3314 20TH STREET, N.E.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20018</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, H. PHILIP</b>	
STREET ADDRESS	<b>11714 LIGHTFALL COURT</b>	
CITY-ST-ZIP	<b>COLUMBIA MD 21044</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 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.

CR2E034 (10/97)