

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90030 002 ***150.00

0697527

DOCUMENT # F95000003018

1. Entity Name
LOMBARD SECURITIES INCORPORATED

Principal Place of Business

Mailing Address

~~300 EAST LOMBARD STREET~~
~~SUITE 920~~
~~BALTIMORE MD 21202~~

~~300 EAST LOMBARD STREET~~
~~SUITE 920~~
~~BALTIMORE MD 21202~~

C0034899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1820 LANCASTER ST

1820 LANCASTER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BALTIMORE MD

City & State

BALTIMORE MD

4. FEI Number **52-1889603**

Applied For

Not Applicable

Zip

21231

Country

Zip

21231

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, E H PRICE
1210 SW 22 ND AVENUE
~~BOYNTON BEACH FL 33426~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3986 W. SANDPIPER DR, #1

City

BOYNTON BEACH

FL

Zip Code

33436

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.

SIGNATURE

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

E.H. PRICE GREEN, EVP

3/1/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** Delete
 NAME **MCHUGH, DANIEL T**
 STREET ADDRESS **207 CHANCERY ROAD**
 CITY-ST-ZIP **BALTIMORE MD 21218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WOLOSZYN, JOHN J ESQUIRE**
 STREET ADDRESS **3516 N. CALVERT STREET**
 CITY-ST-ZIP **BALTIMORE MD 21218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **GREEN, E H**
 STREET ADDRESS **1210 S.W. 22ND AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **EVP** Change Addition
 NAME
 STREET ADDRESS **3986 SANDPIPER DR, #1**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **V** Delete
 NAME **DATCHER, MARSHALL J**
 STREET ADDRESS **3314 20TH STREET, N.E.**
 CITY-ST-ZIP **WASHINGTON DC 20018**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DAVIS, H. PHILIP**
 STREET ADDRESS **11714 LIGHTFALL COURT**
 CITY-ST-ZIP **COLUMBIA MD 21044**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PIENDAK, GEORGE A**
 STREET ADDRESS **3401 GREENWAY #202**
 CITY-ST-ZIP **BALTIMORE MD 21218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.H. PRICE GREEN

3/1/01

(800)755-2144

Date

Daytime Phone #

CR2E034 (10/00)