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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9500004054 (1)

LEGG MASON TRUST COMPANY

111 S. CALVERT STREET

**BALTIMORE MD 21203** 

appears in Block 12 or Block 13 if change

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 7 E. REDWOOD STREET 7 E. REDWOOD STREET **BALTIMORE MD 21203** BALTIMORE MD 21202-1115 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1788228 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zio Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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 painted name of registered agent and tire if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PD TITLE ☐ DELETE 1.1 TITLE Change Addition SIMS, ARTHUR P NAME 1.2 NAME 7 E. REDWOOD STREET STREET ADDRESS 1.3 STREET ADDRESS **BALTIMORE MD 21203** CITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE TILE 2 1 TITLE Change Addition FARRELL, PATRICIA A NAME 2.2 NAME 7 E. REDWOOD STREET STREET ADDRESS 2.3 STREET ADDRESS **BALTIMORE MD 21203** CITY - ST - ZiP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition MENTON, MARTIN D NAME 3.2 NAME 7 E. REDWOOD STREET STREET ADORESS 3 3 STREET ADDRESS **BALTIMORE MD 21203** CITY-ST-2IP 3.4. CITY-ST-ZIP DELETE THE 4.1 TITLE Change Addition FELDER, MARK NAME 4. 2 NAME 111 S. CALVERT STREET STREET ADDRESS 4.3 STREET ADDRESS **BALTIMORE MD 21203** CITY- ST- ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition SCHEVE, TIMOTHY C 5.2 NAME 111 S. CALVERT STREET STREET ACCRESS 5.3 STREET ADDRESS BALTIMORE MD 21203 CHTY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TIYLE 6.1 TITLE Change Addition KALLMYER, C. G NAME 6.2 NAME

6.3 STREET ADDRESS

1/31/97

410-539-0000

6.4 CITY - ST-ZIP 14. Ido 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 perspectation of the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 of Chapter 607.

NING OFFICER OF DIRECT