

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000004054 (1)

1. Corporation Name

LEGG MASON TRUST COMPANY

Principal Place of Business

7 E. REDWOOD STREET
BALTIMORE MD 21203

Mailing Address

7 E. REDWOOD STREET
BALTIMORE MD 21203



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

52-1788228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 100 Light Street

Suite, Apt. #, etc.

22

City & State

23 Baltimore, MD

Zip

24 21202

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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

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

83

84 City

FL

85 Zip Code

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

TITLE PD ☐ DELETE

NAME SIMS, ARTHUR P
STREET ADDRESS 7 E. REDWOOD STREET
CITY-ST-ZIP BALTIMORE MD 21203

TITLE V ☐ DELETE

NAME FARRELL, PATRICIA A
STREET ADDRESS 7 E. REDWOOD STREET
CITY-ST-ZIP BALTIMORE MD 21203

TITLE V ☐ DELETE

NAME MENTON, MARTIN D
STREET ADDRESS 7 E. REDWOOD STREET
CITY-ST-ZIP BALTIMORE MD 21203

TITLE V ☐ DELETE

NAME FELDER, MARK
STREET ADDRESS 111 S. CALVERT STREET
CITY-ST-ZIP BALTIMORE MD 21203

TITLE T ☐ DELETE

NAME SCHEVE, TIMOTHY C
STREET ADDRESS 111 S. CALVERT STREET
CITY-ST-ZIP BALTIMORE MD 21203

TITLE S ☐ DELETE

NAME KALLMYER, C. G
STREET ADDRESS 111 S. CALVERT STREET
CITY-ST-ZIP BALTIMORE MD 21203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100 Light Street
Baltimore, MD 21202

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 (5/98)