

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

FILED  
Aug 11, 1999 8:00 am  
Secretary of State

08-11-1999 90017 049 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005349 ✓

1. Corporation Name  
FRIEDMAN, BILLINGS, RAMSEY & CO., INC.

Principal Place of Business  
POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
ARLINGTON VA 22209

Mailing Address  
POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
ARLINGTON VA 22209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/15/1996

4. FEI Number  
52-1630477

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

750-272-1092

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME FRIEDMAN, EMANUEL J  
STREET ADDRESS POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
CITY-ST-ZIP ARLINGTON VA 22209

☐ DELETE

TITLE VC  
NAME BILLINGS, ERIC F  
STREET ADDRESS POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
CITY-ST-ZIP ARLINGTON VA 22209

☐ DELETE

TITLE PSD  
NAME RAMSEY, W. RUSSELL  
STREET ADDRESS POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
CITY-ST-ZIP ARLINGTON VA 22209

☐ DELETE

TITLE T  
NAME GENEROUS, ERIC Y  
STREET ADDRESS POTOMAC TOWER, 18TH FLOOR, 1001 19TH ST N.  
CITY-ST-ZIP ARLINGTON VA 22209

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Russ Ramsey (REQUIRED)

8/14/99

(703) 362-9500

Date

Daytime Phone #

CR2E034 (11/98)