

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90030 037 ***150.00

DOCUMENT # F98000005164 1. Entity Name BROWN BANYON, INC.					
Principal Place of Business 225 EAST REDWOOD STREET BALTIMORE, MD 21202			Mailing Address 225 EAST REDWOOD STREET BALTIMORE, MD 21202		
2. Principal Place of Business 300 EAST LOMBARD STREET		3. Mailing Address 300 EAST LOMBARD STREET			
Suite, Apt. #, etc. SUITE 1200		Suite, Apt. #, etc. SUITE 1200			
City & State BALTIMORE, MD		City & State BALTIMORE, MD		4. FEI Number 52-2119404	
Zip 21202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUGH, JOHN M 225 EAST REDWOOD STREET BALTIMORE, MD	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANCROFT, PETER E 225 EAST REDWOOD STREET BALTIMORE, MD	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GISRIEL, TIMOTHY M 225 EAST REDWOOD STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALL, TERRY F 225 E REDWOOD STREET BALTIMORE, MD	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Timothy M Gisriel</u> 02/24/04 410-727-4083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					