


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

000316

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90049 034 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000005184</b>					
1. Corporation Name <b>BROWN MAGUIRE, INC.</b>					
Principal Place of Business 225 EAST REDWOOD STREET, 4TH FLOOR BALTIMORE MD 21202			Mailing Address 225 EAST REDWOOD STREET, 4TH FLOOR BALTIMORE MD 21202		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/16/1998</b>	
21		26		4. FEI Number <b>52-2120077</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24	
25		29		30	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME PRUGH, JOHN M.					
1.3 STREET ADDRESS 225 EAST REDWOOD STREET					
1.4 CITY-ST-ZIP BALTIMORE, MD 21202					
2.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME BANCROFT, PETER E.					
2.3 STREET ADDRESS 225 EAST REDWOOD STREET					
2.4 CITY-ST-ZIP BALTIMORE, MD 21202					
3.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME HALL, TERRY F.					
3.3 STREET ADDRESS 225 EAST REDWOOD STREET					
3.4 CITY-ST-ZIP BALTIMORE, MD 21202					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME GISRIEL, TIMOTHY M.					
4.3 STREET ADDRESS 225 EAST REDWOOD STREET					
4.4 CITY-ST-ZIP BALTIMORE, MD 21202					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Gisriel

Treasurer

Date

2/4/99

(410) 727-4083

Daytime Phone #

CR2E034 (11/98)