

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 010 ***150.00

DOCUMENT # F98000005184

1. Entity Name
BROWN MAGUIRE, INC.



Principal Place of Business
225 EAST REDWOOD STREET
BALTIMORE, MD 21202

Mailing Address
225 EAST REDWOOD STREET
BALTIMORE, MD 21202

94020640



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

02102004 Chg-P CR2E034 (10/03)

City & State
BALTIMORE, MD

City & State
BALTIMORE, MD

4. FEI Number
52-2120077

Applied For
Not Applicable

Zip
21202

Country
USA

Zip
21202

Country
USA

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PRUGH, JOHN M
STREET ADDRESS 225 EAST REDWOOD STREET
CITY-ST-ZIP BALTIMORE, MD

TITLE VD ☐ Delete
NAME BANCROFT, PETER E
STREET ADDRESS 225 EAST REDWOOD STREET
CITY-ST-ZIP BALTIMORE, MD

TITLE T ☐ Delete
NAME GISRIEL, TIMOTHY M
STREET ADDRESS 225 EAST REDWOOD STREET
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE VSD ☐ Delete
NAME HALL, TERRY F
STREET ADDRESS 225 E REDWOOD STREET
CITY-ST-ZIP BALTIMORE, MD

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 EAST LOMBARD STREET, SUITE 1200
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 EAST LOMBARD STREET, SUITE 1200
CITY-ST-ZIP BALTIMORE, MD 21202

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Timothy M Gisriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M Gisriel 02/24/04 410-727-4083

Date

Daytime Phone #