FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F9800005328 BROWN MADISON, INC. 01-31-2001 90307 047 ***150.00 Principal Place of Business Mailing Address 225 E. REDWOOD ST 225 E. REDWOOD ST BALTIMORE MD 21202 BALTIMORE MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2121559 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REILLY, ANDREW R Street Address (P.O. Box Number is Not Acceptable) 95 S. 10TH ST HAINES CITY FL 33845 Zin 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Addition TITLE ☐ Change PRUGH, JOHN M NAME STREET ADDRESS 225 E. REDWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** ☐ Delete TITLE ☐ Change ☐ Addition NAME BANCROFT, PETER E NAME STREET ADDRESS 225 E. REDWOOD ST STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition HALL, TERRY F NAME NAME STREET ADDRESS 225 E. REDWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** ☐ Delete ☐ Change TIT! F TITLE ☐ Addition GISRIEL, TIMOTHY M NAME NAME STREET ADDRESS 225 E. REDWOOD ST STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **BALTIMORE MD 21202** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 received or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

01/23/01

(410) 727-4083

Daytime Phone #