

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90017 001 \*\*\*150.00

**DOCUMENT # F99000000908**

1. Entity Name  
**BROWN VPR, INC.**



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

Mailing Address  
**225 EAST REDWOOD STREET  
BALTIMORE, MD 21202**

**44014218**



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  
**52-2143546**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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* **Timothy M Gisriel 02/24/04 410-727-4083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #