

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

02-26-2004 90017 040 ***150.00

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02102004 Chg-P CR2E034 (10/03)

DOCUMENT # F99000001211					
1. Entity Name BROWN VEL, 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 52-2146429	
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 _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>			Date: <u>02/24/04</u> Daytime Phone #: <u>410-727-4083</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					