FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:27

DOCUMENT # P23736 (2)

1. Corporation Name
THE EARLE PALMER BROWN COMPANIES, INC.

Principal Place of Business	Mailing Address
6935 ARLINGTON ROAD BETHESDA MD 20814	6935 ARLINGTON ROAD BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 52-0744692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WELLS, MAGGIE
% EARLE PALMER BROWN
260 FIRST AVE., S., SUITE 300
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JEREMY E. BROWN	1.2 NAME	
STREET ADDRESS	6935 ARLINGTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	LONNY STRUM	2.2 NAME	
STREET ADDRESS	1650 MARKET STREET,	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	☐ Change ☐ Addition
NAME	SALLY BROWN	3.2 NAME	
STREET ADDRESS	6935 ARLINGTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	SMOAK, LOUISE	4.2 NAME	
STREET ADDRESS	6935 ARLINGTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORSE, ROBERT H.	5.2 NAME	
STREET ADDRESS	6935 ARLINGTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	
TITLE	DCE	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JEREMY E.	6.2 NAME	
STREET ADDRESS	6935 ARLINGTON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jim DeStefano VP/Controller 1/18/95 301-657-6262
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474700 FP