FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 20814-5212

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 02/11/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip / Country
29 / 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

81 Name: Peter C. Yesawich
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Summit Tower Blvd.
83: Suite 600
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Section 607.0505 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: Peter C. Yesawich (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, MITCHELL		2.2 NAME		
STREET ADDRESS	6935 ARLINGTON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DESTEFANO, JAMES		3.2 NAME	Robert Angelo	
STREET ADDRESS	6935 ARLINGTON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EGGERS, ANN		4.2 NAME		
STREET ADDRESS	6935 ARLINGTON RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 added on an attachment with an address.

SIGNATURE: Mitchell Paul MITCHELL PAUL Secretary 3/11/97 Daytime Phone # 301-657-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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