

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P23736**

1. Corporation Name

THE EARLE PALMER BROWN COMPANIES, INC.

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 011 ***550.00



Principal Place of Business

~~6935 ARLINGTON ROAD~~
~~BETHESDA MD 20814~~

6400 GOLDSBORO ROAD
BETHESDA, MD. 20817

Mailing Address

~~6935 ARLINGTON ROAD~~
~~BETHESDA MD 20814~~

6400 GOLDSBORO ROAD
BETHESDA, MD. 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1989

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent:

~~YESAWICH, PETER C.~~
~~1900 SUMMIT TOWER BLVD~~
~~SUITE 800~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name

Hugh McConnell

82 Street Address (P.O. Box Number is Not Acceptable)

40 VPB - 1900 Summit Tower Blvd.

83

Suite 600

84 City

Orlando

FL

85 Zip Code
32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD JEREMY E. BROWN**
STREET ADDRESS ~~6935 ARLINGTON RD~~ **6400 GOLDSBORO RD**
CITY-ST-ZIP ~~BETHESDA MD 20814~~ **BETHESDA, MD. 20817**

TITLE ☐ DELETE
NAME **S PAUL, MITCHELL**
STREET ADDRESS ~~6935 ARLINGTON RD~~ **6400 GOLDSBORO RD**
CITY-ST-ZIP ~~BETHESDA MD 20814~~ **BETHESDA, MD. 20817**

TITLE ☐ DELETE
NAME **T ANGELO, ROBERT**
STREET ADDRESS ~~6935 ARLINGTON ROAD~~ **6400 GOLDSBORO RD**
CITY-ST-ZIP ~~BETHESDA MD~~ **BETHESDA, MD 20817**

TITLE ☐ DELETE
NAME **AS EGGERS, ANN**
STREET ADDRESS ~~6935 ARLINGTON RD~~ **6400 GOLDSBORO RD**
CITY-ST-ZIP ~~BETHESDA MD 20814~~ **BETHESDA, MD. 20817**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE: [Signature] PAUL, SECY. 7/14/99 301-263-2290

CR2E034 (5/99)

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