2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# P97000011979

Entity Name: BROWN ADVISORY SERVICES, INC.

Current Principal Place of Business:

13287 SW 124 STREET
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13287 SW 124 STREET
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0729673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DANIEL L
13287 SW 124 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, DANIEL L
Address: 6770 NW 84 AVE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: BROWN, KAREN M
Address: 6770 NW 84 AVE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: PHILLIPS, GAIL M
Address: 11911 SW 107TH COURT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, DANIEL L
Address: 2116 ROLLING ROCK ROAD
City-St-Zip: WAKE FOREST, NC 27587

Title: D (X) Change ( ) Addition
Name: BROWN, KAREN M
Address: 2116 ROLLING ROCK ROAD
City-St-Zip: WAKE FOREST, NC 27587

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. PHILLIPS D 01/10/2005

Electronic Signature of Signing Officer or Director — Date