

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003066

1. Entity Name
 FORUM OF DELAWARE, INC.



Principal Place of Business
 908 OLD FREE PORT RD.
 PITTSBURGH, PA 15238

Mailing Address
 908 OLD FREE PORT RD.
 PITTSBURGH, PA 15238



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 22-1985528

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARRET, NORMAN
 5826 NW 24TH TERRACE
 THE CLOISTERS OF BROKEN SOUND
 BOCA RATON, FL 33496

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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | GARRET, NORMAN |
| STREET ADDRESS | 5826 NW 24TH TERRACE |
| CITY ST ZIP | BOCA RATON, FL 33496 |
| TITLE | VFM |
| NAME | GARRET, PAULA |
| STREET ADDRESS | 908 OLD FREEPORT RD. |
| CITY ST ZIP | PITTSBURGH, PA 15238 |
| TITLE | V |
| NAME | GARRET, JONATHAN |
| STREET ADDRESS | 908 OLD FREEPORT RD. |
| CITY ST ZIP | PITTSBURGH, PA 15238 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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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: Paula K. Hauert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (412) 781-5970 Ext 19
 Date Daytime Phone #