

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P33869 (9)

1. Corporation Name  
FORWARD FINANCIAL COMPANY

Principal Place of Business  
360 CHURCH ST.,  
NORTHBORO MA 01532

Mailing Address  
360 CHURCH ST.,  
NORTHBORO MA 01532-1240

3. Date Incorporated or Qualified <b>05/07/1991</b>	3a. Date of Last Report <b>01/18/1996</b>
4. FEI Number <b>04-2590778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent

MURPHY, RONALD T.  
4740 CLEVELAND HEIGHTS BLVD.,  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	DEFEUDIS, GENE J.	
STREET ADDRESS	63 CHERRY ST.	
CITY-ST-ZIP	NORTHBORO MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFEUDIS, GENE J.	
STREET ADDRESS	63 CHERRY ST.	
CITY-ST-ZIP	NORTHBORO MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAUCHER, RICHARD J.	
STREET ADDRESS	18 UPLAND STREET	
CITY-ST-ZIP	ATKINSON NH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULLEN, JOHN D.	
STREET ADDRESS	208 MAIN STREET	
CITY-ST-ZIP	MEDWAY MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOHERTY, JOANNE A.	
STREET ADDRESS	48 CHAPEL STREET	
CITY-ST-ZIP	CHERRY VALLEY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DeFeudis, Gene J.	
1.3 STREET ADDRESS	63 Cherry St.	
1.4 CITY-ST-ZIP	Northboro, Ma 01532	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Swift, Leo F.	
6.3 STREET ADDRESS	20 Nagog Hill Road	
6.4 CITY-ST-ZIP	Acton, MA 01720	

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-01/10/97-01088-014  
\*\*\*\*173.75 \*\*\*\*173.75

*[Handwritten Signature]*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(3)(f) 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 of Block 13 hereon, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* (John D. Mullen) 1-6-97 (508) 393-5300  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)