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98 JAN 13 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**05/07/1991**

4. FEI Number  
**04-2590778**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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	<b>CST</b>	<input type="checkbox"/> DELETE
NAME	<b>DEFEUDIS, GENE J.</b>	
STREET ADDRESS	<b>63 CHERRY ST.</b>	
CITY-ST-ZIP	<b>NORTHBORO MA 01532</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEFEUDIS, GENE J.</b>	
STREET ADDRESS	<b>63 CHERRY ST.</b>	
CITY-ST-ZIP	<b>NORTHBORO MA</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAUCHER, RICHARD J.</b>	
STREET ADDRESS	<b>18 UPLAND STREET</b>	
CITY-ST-ZIP	<b>ATKINSON NH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLEN, JOHN D.</b>	
STREET ADDRESS	<b>208 MAIN STREET</b>	
CITY-ST-ZIP	<b>MEDWAY MA</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOHERTY, JOANNE A.</b>	
STREET ADDRESS	<b>48 CHAPEL STREET</b>	
CITY-ST-ZIP	<b>CHERRY VALLEY MA</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWIFT, LEO F</b>	
STREET ADDRESS	<b>20 NAGOG HILL RD.</b>	
CITY-ST-ZIP	<b>ACTON MA 01720</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>100002401861 -- 5</b>	
1.4 CITY-ST-ZIP	<b>-01/15/98--01083--006</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>****150.00 ****150.00</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Executive Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Shaun W. McGe</b>	
3.3 STREET ADDRESS	<b>31 Wachusett View Drive</b>	
3.4 CITY-ST-ZIP	<b>Westboro, MA 01581</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

*A. Alan*  
*Jan 13, 1998*

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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)