

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000003250

1. Entity Name  
FORUM SERVICES GROUP INC.



Principal Place of Business  
260 MADISON AVENUE  
SUITE 200  
NEW YORK, NY 10016

Mailing Address  
260 MADISON AVENUE  
SUITE 200  
NEW YORK, NY 10016

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4045566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

BLUMBEGEXCELSIOR CORPORATE SERVICES INC  
4435 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000353290  
09/09/08-80004-022 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	CDPT
NAME	FUSARO, FRANK G
STREET ADDRESS	260 MADISON AVENUE, STE 200
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #