2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F06000006875

Entity Name: FORESTERS FINANCIAL PARTNERS, INC.

Current Principal Place of Business:

28005 N SMYTH DR #103
SANTA CLARITA, CA 91355

New Principal Place of Business:

Current Mailing Address:

28005 N SMYTH DR #103
SANTA CLARITA, CA 91355

New Mailing Address:

FEI Number: 51-0604752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 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: DPST ( ) Delete
Name: GOTTSHALL, IRA L
Address: 28005 N SMYTH DR #103
City-St-Zip: SANTA CLARITA, CA 91355

Title: D ( ) Delete
Name: MOHACSI, GEORGE
Address: 28005 N SMYTH DR #103
City-St-Zip: SANTA CLARITA, CA 91355

Title: D ( ) Delete
Name: MEYERHOLZ, JOHN P
Address: 60 FOREST DRIVE
City-St-Zip: SHORT HILLS, NJ 07078

Title: DV ( ) Delete
Name: DURFEE, CHARLES
Address: 1723 SOUTH RIVERCHASE WAY
City-St-Zip: EAGLE, ID 83616

Title: CFO ( ) Delete
Name: AUPPERLE, STEVEN L
Address: EMBER GLEN DRIVE
City-St-Zip: HALTOM CITY, TX 76137

Title: V (X) Delete
Name: PRATT, JONATHAN J
Address: 218 BRAY STREET
City-St-Zip: BEVERLY, MA 01930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: PINKERTON, CHRISTOPHER H
Address: 28005 N SMYTH DRIVE, #103
City-St-Zip: SANTA CLARITA, CA 91355

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHARINE E. ROUNTHWAITE AS 01/14/2009

Electronic Signature of Signing Officer or Director — Date