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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

Principal Place of Business

1. Corporation Name

Mailing Address

FORUM GROUP II, INC.

10400 Fe	ernwood Road	10400	Fernwood	Road				
924.13	924.13				DO NOT WRITE IN THIS SPACE			
Bethesda, Maryland 20817 Bethesda, Maryla				and 20817		3. Date Incorporated or Qualifed		
						09/03/1981		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	26					35-1517525		Not Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	1 1 4 -	5 Additional Required
	City & State City & State					6. Election Campaign Financing	<b>\$</b> 5 /	00 May Be
23	28					Trust Fund Contribution	1 1	led to Fees
Zip	Country	Zip Countr				8. This corporation owes the curren	t year Intangible	
24	25 29 30					Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent	
יייי אווייי די	DENTICE HALL CODDODATE	ר או פעפייי	יביא דאורי	81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				82	82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAF	HASSEE, FLORIDA 3230	Ì		83				
				84	City		FI 85 Z	Zip Code
11 Pureuant	to the provisions of Sections 607 0502	and 607 1508	Florida Statutes	the above	e-named co	orporation submits this statement for the pu	roose of changing	its registered
office or r	egistered agent, or both, in the State of	Florida. Such d	change was auth	orized by	the corpora	ation's board of directors. I hereby accept t	he appointment as	s registered
agent. i a	m familiar with, and accept the obligatio	ns or, Section	607.0505, Florida	a Statutes	•			}
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if anningable	(NOTE: Pe	nistered Aner	ne entrede	lired when reinstating)	DATE	<del></del>
12.	OFFICERS AND		(140 12.1(2	13.	n digitatoro roqu	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	Vice President & Assi	Secy	DELETE	1.1 TITLE			☐ Chan	
NAME	M. Lester Pulse, Jr.		_	1.2 NAME				
STREET ADDRESS	10400 Fernwood Road			1.3 STREE	L VUUBESS			ĺ
CITY-ST-ZIP	Bethesda, Maryland 20	0817		1.4 CITY-S				
TITLE	Assistant Secretary		☐ DELETE	2.1 TITLE	1-21-		Chan	nge Addition
NAME	Jeff B. Stant			2.2 NAME			<b>O</b> ***	•
	10400 Fernwood Road			2.3 STREET	r and become			
STREET ADDRESS	Bethesda, Maryland 20	0817			l l			
CITY-ST-ZIP TITLE	<del></del>		☐ DELETE	2.4 CITY-5 3.1 TITLE	31-ZIP		☐ Chan	nge Addition
	Assistant Secretary	,	O DECENE	1	İ		ona	ge
NAME	Nancy L. Benz			32 NAME				
	10400 Fernwood Road			3.3 STREET				i
CITY-ST-ZIP	Bethesda, Maryland 20		DELETE	3.4. CITY-S	T-ZIP			nge Addition
TITLE	President & Director	!	☐ DEFEIE	4 1 TITLE				geAddition
NAME	Paul E. Johnson, Jr.			4, 2 NAME	J			j
STREET ADDRESS	10400 Fernwood Road			4.3 STREET	1			
CITY-ST-ZIP	Bethesda, Maryland 20	)817		4.4 CITY-S	T-ZIP			E Land
TITLE	V.Pres. & Director&Ti		☐ DELETE	5.1 TITLE	1		☐ Chan	ige 🗌 Addition
NAME	Terrence P. Morrow			5.2 NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS				53 STREE				ľ
CITY-ST-ZIP	10400 Fernwood Road Bethesda, Maryland	20817		5.4 CITY- S	r-ZIP			
TITLE	♥. Pres. & Director	!	☐ DELETE	6.1 TITLE	-		Chan	ge 🔲 Addition
NAME	William J. Shaw			6.2 NAME				
STREET ADDRESS	10400 Fernwood Road			6.3 STREET	ADDRESS			

CITY-ST-ZIP

Bethesda, Maryland 20817

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90236 026 \*\*\*150.00

301-380-8742