2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received changed, or on an attachmer

SIGNATURE:

May 10, 2002 8:00 am Secretary of State M37883 DOCUMENT # 1. Entity Name 05-10-2002 90042 014 ***158.75 FORRESTER CORPORATION Principal Place of Business Mailing Address 2751 W ATLANTIC BLVD 2751 W ATLANTIC BLVD 358787 SUITE 4 SUITE 4 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2714277 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Andrew C Waldman WALDMAN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2751 W ATLANTIC BLVD POMPANO BEACH FL 83069 City 33449 Deerfield Beach 8. The above named entity submits this statemen the purpose of changing its registered office or registered agent, or both, in the State of Florida. Andrew **SIGNATURE** e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E X Delete TITLE XX Addition P ☐ Change WALDMAN, JAMES W NAME NAME Andrew C Waldman 2751 W ATLANTIC BLVD, STE 4 STREET ADDRESS STREET ADDRESS 1255 South Military Trail Deerfield Beach, F1. 33442 POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME-? NĀME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information no does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this find indicated on this report or supplier ental report is true and

QUAndrew C Waldman

426-2600

FILED