## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED May 05, 2008 08:00 AN Secretary of State

| ANNUAL REPORT   |  |
|---|--|
| DOCUMENT # M37883  1. Entity Name FORRESTER CORPORATION |  |
|   |  |

Principal Place of Business

1255 S. MILITARY TR.

SUITE 200

DEERFIELD BEACH, FL 33442

Mailing Address

1255 S. MILITARY TR.

SUITE 200

DEERFIELD BEACH, FL 33442 U



04182008

Andrew C. Waldman 4/24/08

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2714277

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDMAN, ANDREW C 1255 SOUTH MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| DEERFIELD BEACH, FL 33442  |  | 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   |  |  |      |                                |   |  |  |
|  | E NOWIII FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                            | 9. Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees |   |  |  |
| 10.  | - OFFICERS AND DIREC   | CTORS  |      |                                | I In anno anno                            |  |  |
| TITLE NAME STREET ADDRESS CITY - ST-ZIP  | P<br>WALDMAN, ANDREW C<br>1255 SOUTH MILITARY TRAIL, SUIT<br>DEERFIELD BEACH, FL 33442 | E 200  | ·    |                                | 000000947716<br>06/02/08-80027-003 150.00 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | . *  | ,                              |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | :  |      |                                | NOT WRITE                                 |  |  |
| THILE<br>NAME<br>STREET ADDRESS<br>CITY: \$1-ZIP   |  |  |      | IN                             | THIS SPACE                                |  |  |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |      | :                              |   |  |  |
| TITLE NAME STREET AODRESS CITY-ST-ZIP  |  | ,  |      |                                |   |  |  |
| 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 tepprit 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |  |  |      |                                |   |  |  |