


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 025 \*\*\*150.00

<b>DOCUMENT # P09505</b> 1. Entity Name <b>THE FORUM CORPORATION OF NORTH AMERICA</b>					
Principal Place of Business <b>ONE EXCHANGE PLACE BOSTON, MA 02109</b>			Mailing Address <b>1549 RINGLING BLVD. SUITE 500 SARASOTA, FL 34236 US</b>		
2. Principal Place of Business <b>265 Franklin Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>101 Arthur Andersen Parkway</b> <small>Suite, Apt. #, etc.</small> <b>SUITE 100</b>			
City & State <b>Boston, MA</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>54-0893868</b>	
Zip <b>02110</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KERSWELL, MARK</b> <b>NIEVWEZIJDS VOORBURGWAL 308A</b> <b>AMSTERDAM, THE NETHERLANDS, 101RV</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEATHERWAX, ROBERT</b> <b>ONE EXCHANGE PLACE</b> <b>BOSTON, MA 02109</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARRISON, BENJAMIN</b> <b>1549 RINGLING BLVD., STE 500</b> <b>SARASOTA, FL 34236</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>101 Arthur Andersen Parkway, Suite 100</b> <b>Sarasota, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGERS, SCOTT</b> <b>170 W. ELECTION RD., STE 201</b> <b>DRAPER, UT 84020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>L</b> <b>MAYBURY, CHRIS</b> <b>708 THIRD AVE., 4TH FL</b> <b>NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
<b>SIGNATURE: <u>Benjamin Harrison</u> 4/21/04 (941) 365-4471</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					