## FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90978 023 \*\*\*150.00

Daytime Phone #

UNIFORM BUSINESS REPORT (UI	
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DOCUMENT # P09505  1. Entity Name THE FORUM CORPORATION OF NORTH AMERICA									04-28	-2003 9097	8 U23 <sup></sup>	**15	0.00	
Principal Place of Business Mailli				Mailing Address					004 NH	0				
ONE EXCHANGE PLACE				ONE EXCHANGE PLACE					11021878					
BOSTON, MA	0210 <del>9</del>		BOSTON	, MA 02109										
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Sulte, Apt.	#, etc.		1 4 7	Apt. #, etc. re. 500			Į		X CHECK	HERE IF MAKII	NG CHAN	IGES		
City & State	e	<del></del>		City & State					oer			Apı	piled For	1
	<del></del>			a sota,	FL				54-089	3868			Applicable	].
Zip		Country	346	136	Coun		5.	. Certificat	e of Status De	sired 🗌		<b>5</b> Addi equired		
	6. Name	and Address of Current	<del></del>				7.	Name an	d Address of	New Registers				
THE PRENT	TICE-HALL I	CORPORATION SYST	EM INC	<del></del>		Name								1
1201 HAYES						Street A	ddress (P.O.	. Box Numb	er is Not Acc	eptable)			<del></del>	1
SUITE 105 TALLAHASS	SEE. FL 32	301				<u> </u>		·	<del>-</del>					┨.
	<b>,</b>								- <del></del>					
						City				F		p Code	•	
		submits this statement for	the purpos	e of changing its	registere	ed office or	registered a	agen1, or be	oth, in the Stat	e of Florida, Ia	m familia	with, a	and accept	1
the obligati	ions of registe	red agent.												}
SIGNATURE -	Signature, typed o	r printed name of registered agent a	nd tide il applica	ible. (NOT	E: Reys ere	d Agentsignat	uje required when	n winsuring)		DATE	<u> </u>			
	-	FEE S \$150.00		<del></del>			<del></del>	<del></del>						{
After	May 1, 200	3 Fee Will be \$550.00 Florida Department o	d State						lection Campa rust Fund Con	tign Financing tribution.			May Be to Fees	
10.	er aliante ante de sentimente	OFFICERS AND	DIRECTORS	3	11.			ADDITIONS	/CHANGES T	O OFFICERS A	ND DIRE	CTORS	<del></del>	
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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 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.														
SIGNAT	$_{ ext{URF}} \cdot m{/}$	5 / Alexin	Beni	amin H	2441	rozi		4	21/03	(941)3	365-	44'	ור	
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