

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P09928** (3)

1. Corporation Name
FORUM GROUP, INC.

Principal Place of Business

Mailing Address

**MARIOTT DR
DPT 294.13
WASHINGTON DC 20058
US**

**MARIOTT DRIVE
DPT 294.13
WASHINGTON DC 20058
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1986

4. FEI Number

61-0703072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **10400 Fernwood Road**

Suite, Apt. #, etc

22 **500,**

City & State

23 **Bethesda, MD**

Zip

24 **20817-1109**

Country

25 **USA**

2a. Mailing Address

26 **10400 Fernwood Road**

Suite, Apt. #, etc.

27 **Dept. 862, Suite 500**

City & State

28 **Bethesda, MD**

Zip

29 **20817-1109**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PAUL E	
STREET ADDRESS	MARIOTT DR DPT 294.13	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MORROW, TERRENCE P	
STREET ADDRESS	MARIOTT DR DPT 294.13	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J	
STREET ADDRESS	MARIOTT DR DPT 294.13	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN RECTOR	
STREET ADDRESS	MARIOTT DR DPT 294.13	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BENZ, NANCY L	
STREET ADDRESS	MARIOTT DR DPT 294.13	
CITY-ST-ZIP	WASHINGTON DC	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARSONS, ROBERT E.	
1.3 STREET ADDRESS	10400 FERNWOOD ROAD	
1.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	

2.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOWNSEND, CHRISTOPHER G.	
2.3 STREET ADDRESS	10400 FERNWOOD ROAD	
2.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	

3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WARDINSKI, BRUCE D.	
3.3 STREET ADDRESS	10400 FERNWOOD ROAD	
3.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	

4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALLACE SUSAN E.	
4.3 STREET ADDRESS	10400 FERNWOOD ROAD	
4.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	

5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BUCKLEY, DAVID L.	
5.3 STREET ADDRESS	10400 FERNWOOD ROAD	
5.4 CITY-ST-ZIP	BETHESDA, MD 20817-1109	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE  3/17/98 (301) 380-8000

CR2E034 (10/97)