05-07-1999 90120 018 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P09928

1. Corporation Name

FORUM GROUP, INC.

CSL GROUP, INC.

Principal Place of Business

10400 FERNWO SUITE 500 BETHESDA MD US		10400 FERNWOOD RD DEPT. 862. SUITE 500 BETHESDA MD 20817-1109 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/28/1986	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	_
21		26			61-0703072 Not Applicable	le
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	'y	8. This corporation owes the current year Intangible	
24	25		0		Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	
PRE	NTICE-HALL CORPORATION SYS	TEM. INC.	ľ	Name		
1201 HAYS STREET		TEM, IIIO	8.	2 Street	Address (P.O. Box Number is Not Acceptable)	
	LAHASSEE FL 32301		8	3		
			"			
			8	4 City	FL 85 Zip Code	
i office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized b da Statute	y the corp es.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	I
	Signature, typed or printed name of registered ager		13.	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD OFFICERS AN	D DIRECTORS	1.1 TITLE	:	PD Change	tion
NAME	PARSONS, ROBERT E.		1.2 NAME		FRANCIS, JAMES L.	
STREET ADDRESS	AN AND PERMITTIONS DOAD			- .et address	10400 FERNWOOD ROAD	
	BETHESDA MD 20817		1.4 CITY-		BETHESDA, MD 20817-1109	
CITY-ST-ZIP	SVD	DELETE	2.1 TITLE		SVD Change Addit	tion
NAME	TOWNSEND, CHRISTOPHER G		2.2 NAME		COLDEN, TRACY M. J.	
STREET ADDRESS	40400 ECDNINOOD DD	•	2.3 STRE	ET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD 20817		2. 4 CITY		BETHESDA, MD 20817-1109	
TITLE	TD	DELETÉ	3.1 TITLE		TV Change Addit	tion
NAME	WARDINSKI, BRUCE D.	•	3.2 NAME	<u> </u>	HARVEY, LARRY K.	
STREET ADDRESS	10400 FERNWOOD RD		3.3 STRE	ET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD 20817		3.4. CITY	-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	AS	DELETE	4 1 TITLE		AS Change X Addit	tion
NAME	WALLACE, SUSAN E.	-	4. 2 NAM	E	LIEBERMAN, ELIZABETH R.	
STREET ADORESS	3		4.3 STRE	ET ADDRESS	TO TOO TEMENTOOD TOOLE	
CITY+ST-ZIP	BETHESDA MD 20817		4.4 CITY-	ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	V	DELETE	5.1 TITLE		VD ☐ Change ☑ Addit	ПОЦ
NAME	BUCKLEY, DAVID L.		5.2 NAME		STEMERMAN, BRUCE F.	
STREET ADDRESS	L 40400 EEDNINOOD DD		5 3 STDS	ET ADDRESS	10400 FERNWOOD ROAD	
OTTALE TY BOTTES	10400 FERNWOOD RD BETHESDA MD 20817		5.4 CITY-		BETHESDA, MD 20817-1109	

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Tracy M.J. Colden

DELETE

MD 20817-1109

MCMAHON, JOHN J.

BETHESDA,

10400 FERNWOOD ROAD

(240) 694-2023