

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P12497

(4)

1. Corporation Name  
FORUM RETIREMENT, INC.



Principal Place of Business

11320 RANDOM HILLS RD., SUITE 400  
FAIRFAX VA 22030  
US

Mailing Address

11320 RANDOM HILLS RD., SUITE 400  
FAIRFAX VA 22030-6001  
US

3. Date Incorporated or Qualified  
12/12/1986

3a. Date of Last Report  
05/02/1996

2. Principal Place of Business

21. Marriott Drive

Suite, Apt. #, etc.  
22. Dept. 924.13

City & State  
23. Washington, DC

Zip  
24. 20058

Country  
25.

2a. Mailing Address

26. Marriott Drive

Suite, Apt. #, etc.  
27. Dept. 924.13

City & State  
28. Washington, DC

Zip  
29. 20058

Country  
30.

4. FEI Number

35-1658784

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., SUITE 105  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PAUL E JR.	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN R	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORROW, TERRENCE P	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEDNARZ, EDWARD L	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, G. COPE III	
STREET ADDRESS	11320 RANDOM HILLS RD., #400	
CITY-ST-ZIP	FAIRFAX VA 22030	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Marriott Drive, Dept. 924.13
1.4 CITY-ST-ZIP	Washington, DC 20058
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Marriott Drive, Dept. 924.13
2.4 CITY-ST-ZIP	Washington, DC 20058
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Marriott Drive, Dept. 924.13
3.4 CITY-ST-ZIP	Washington, DC 20058
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Marriott Drive, Dept. 924.13
4.4 CITY-ST-ZIP	Washington, DC 20058
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Marriott Dr., Dept 924.13
5.4 CITY-ST-ZIP	Washington, DC 20058
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Assistant Secretary
6.3 STREET ADDRESS	Nancy L. Benz
6.4 CITY-ST-ZIP	Marriott Drive, Dept. 924.13 Washington, DC 20058

14. I do 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:

*Nancy L. Benz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNED NANCY L BENZ 1/31/97 (301) 380-1233

Date

Daytime Phone #

CR2E034 (9/96)