

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
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DOCUMENT # **P12497** (4)
1. Corporation Name
FORUM RETIREMENT, INC.



Principal Place of Business MARIOTT DRIVE DEPT 924.13 WASHINGTON DC 20058 US	Mailing Address MARIOTT DRIVE DEPT 924.13 WASHINGTON DC 20058 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10400 Fernwood Road Suite, Apt. #, etc. 22 500, City & State 23 Bethesda, MD Zip 24 20817-1109		2a. Mailing Address 26 10400 Fernwood Road Suite, Apt. #, etc. 27 Dept. 862, Suite 500 City & State 28 Bethesda, MD Zip 29 20817-1109		3. Date Incorporated or Qualified 12/12/1996	
25 USA		30 USA		4. FEI Number 35-1658784 Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, WILLIAM J MARIOTT DRIVE DPT 924.13 WASHINGTON DC <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD PARSONS, ROBERT E. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, PAUL E JR. MARIOTT DRIVE, DEPT 294.13 WASHINGTON DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SVD TOWNSEND, CHRISTOPHER G. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLOCKTON, JOAN R MARIOTT DRIVE DEPT 294.13 WASHINGTON DC <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T WARDINSKI, BRUCE D. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORROW, TERRENCE P MARIOTT DRIVE DEPT 204.13 WASHINGTON DC <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS WALLACE SUSAN E. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEDNARZ, EDWARD L MARIOTT DRIVE, DPT 294.13 WASHINGTON DC <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V BUCKLEY, DAVID L. 10400 FERNWOOD ROAD BETHESDA, MD 20817-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L MARIOTT DRIVE DPT 294.13 WASHINGTON DC <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)