

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P33869

(9)

1. Corporation Name

FORWARD FINANCIAL COMPANY

Principal Place of Business

360 CHURCH ST.,
NORTHBORO MA 01532

Mailing Address

360 CHURCH ST.,
NORTHBORO MA 01532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1991

4. FEI Number

04-2590778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MURPHY, RONALD T.
4740 CLEVELAND HEIGHTS BLVD.,
LAKELAND FL 33813

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 CST ☐ DELETE

NAME DEFEUDIS, GENE J.
STREET ADDRESS 63 CHERRY ST.
CITY-ST-ZIP NORTHBORO MA 01532

TITLE D ☐ DELETE

NAME DEFEUDIS, GENE J.
STREET ADDRESS 63 CHERRY ST.
CITY-ST-ZIP NORTHBORO MA

TITLE VP ☒ DELETE

NAME FAUCHER, RICHARD J.
STREET ADDRESS 18 UPLAND STREET
CITY-ST-ZIP ATKINSON NH

TITLE VP ☐ DELETE

NAME MULLEN, JOHN D.
STREET ADDRESS 208 MAIN STREET
CITY-ST-ZIP MEDWAY MA

TITLE VP ☒ DELETE

NAME DOHERTY, JOANNE A.
STREET ADDRESS 48 CHAPEL STREET
CITY-ST-ZIP CHERRY VALLEY MA

TITLE P ☒ DELETE

NAME SWIFT, LEO F
STREET ADDRESS 20 NAGOG HILL RD.
CITY-ST-ZIP ACTON MA 01720

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 100002401861 -- 5

1.4 CITY-ST-ZIP -01/15/98--01083--006

2.1 TITLE *****150.00 *****150.00

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Executive Vice President ☐ Change ☒ Addition

3.2 NAME Shaun W. McGee

3.3 STREET ADDRESS 31 Wachusett View Drive

3.4 CITY-ST-ZIP Westboro, MA 01581

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of this report or on an attachment with an address.

SIGNATURE [Signature] 1-13-98 504-392-5300

98 JAN 13 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)