

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90012 029 \*\*\*550.00

DOCUMENT # **P33869**

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  
Trust Fund Contribution

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

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

2. OFFICERS AND DIRECTORS

TITLE	PCST	<input type="checkbox"/> DELETE
NAME	DEFEUDIS, GENE J.	
STREET ADDRESS	63 CHERRY ST.	
CITY-STATE-ZIP	NORTHBORO MA 01532	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFEUDIS, GENE J.	
STREET ADDRESS	63 CHERRY ST.	
CITY-STATE-ZIP	NORTHBORO MA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MCGEE, SHAUN W	
STREET ADDRESS	31 WACHUSETT VIEW DRIVE	
CITY-STATE-ZIP	WESTBORO MA 01581	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MULLEN, JOHN D.	
STREET ADDRESS	208 MAIN STREET	
CITY-STATE-ZIP	MEDWAY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

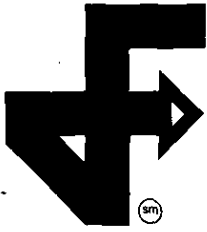
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

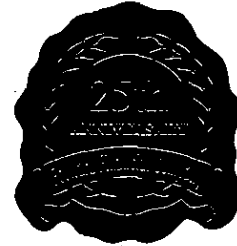
CR2E034 (5/99)



# FORWARD FINANCIAL COMPANY

360 Church Street • Northboro, Massachusetts 01532 • (508) 393-5300  
Web Site> <http://www.forwardfinancial.com>

P33869  
585116-90012-29



July 6, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 1999 Annual Report

Ladies and Gentlemen:

Enclosed please find our Profit Corporation 1999 Annual Report together with our check payable to the Department of State in the amount of \$550.00.

If you have questions or require further information, kindly contact me at your convenience.

Very truly yours,

  
John D. Mullen  
Senior Vice President

enclosures