

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833244** (7)

1. Corporation Name
GILBERT/COMMONWEALTH, INC.



Principal Place of Business: 2675 MORGANTOWN ROAD, READING PA 19607, US
Mailing Address: 2675 MORGANTOWN ROAD, READING PA 19607, US

3. Date Incorporated or Qualified: 10/24/1974
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:
2a. Mailing Address: 26
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

4. FEI Number: ~~23-0623899~~ 95-4537347
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
**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: **C T CORPORATION SYSTEM**
82. Street Address (P.O. Box Number is Not Acceptable): **1200 SOUTH PINE ISLAND RD.**
83.
84. City: **PLANTATION** FL 85. Zip Code: **33324**

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: **SEE ATTACHMENT**
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	COB	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, A.F.	
STREET ADDRESS	CRICKET SPGS.	
CITY-ST-ZIP	GEIGERTOWN PA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BALL, G L	
STREET ADDRESS	460 CREST CIRCLE	
CITY-ST-ZIP	MOHNTON PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURKHART, W. K	
STREET ADDRESS	7 JUNCO DR.	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, N.R.	
STREET ADDRESS	R.D.#1, BOX 218	
CITY-ST-ZIP	NARVON PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLE, S	
STREET ADDRESS	100 WEST WALNUT STREET	
CITY-ST-ZIP	PASADENA CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KALBAN, L S	
STREET ADDRESS	12 W 34TH STREET	
CITY-ST-ZIP	RIEFFTON PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SR.V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOWER, C. A.	
1.3 STREET ADDRESS	100 WEST WALNUT STREET	
1.4 CITY-ST-ZIP	PASADENA, CA 91124	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BALL, G. L.	
2.3 STREET ADDRESS	2675 MORGANTOWN ROAD	
2.4 CITY-ST-ZIP	READING, PA 19607	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BURKHART, W. K.	
3.3 STREET ADDRESS	2675 MORGANTOWN ROAD	
3.4 CITY-ST-ZIP	READING, PA 19607	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FETTEROLF, P. R.	
4.3 STREET ADDRESS	100 WEST WALNUT STREET	
4.4 CITY-ST-ZIP	PASADENA, CA 91124	
5.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	91124	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2675 MORGANTOWN ROAD	
6.4 CITY-ST-ZIP	READING, PA 91124	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **P. R. FETTEROLF** 4/26/96 (818)440-2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)