

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 15 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006881 (4)**  
 1. Corporation Name  
**COMMONWEALTH FOREST INVESTMENTS, INC.**



Principal Place of Business <b>5 PIEDMONT CENTER, STE. 310 ATLANTA GA 30305</b>	Mailing Address <b>5 PIEDMONT CENTER, STE. 310 ATLANTA GA 30305</b>
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3. Date Incorporated or Qualified <b>12/27/1996</b>		
4. FEI Number <b>51-0344578</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>15 Piedmont Center</b> Suite, Apt. #, etc. 22 <b>Suite 1250</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30731</b>	2a. Mailing Address 26 <b>15 Piedmont Center</b> Suite, Apt. #, etc. 27 <b>Suite 1250</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30731</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KALMAN, DAVID J</b>	
STREET ADDRESS	<b>30 N. THIRD ST.</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17108-1147</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NICELY, KAREN N</b>	
STREET ADDRESS	<b>30 N. THIRD ST.</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17108-1147</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DONLEVY, FRANCIS J</b>	
STREET ADDRESS	<b>30 N. THIRD ST.</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17108-1147</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>TARVER, CHARLES M</b>	
STREET ADDRESS	<b>5 PIEDMONT CENTER, STE. 310</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30305</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GRICE, SAMUEL R</b>	
STREET ADDRESS	<b>5 PIEDMONT CENTER, STE. 310</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30305</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Peter M. Gilbert</b>
2.3 STREET ADDRESS	<b>30 N. Third St.</b>
2.4 CITY-ST-ZIP	<b>Harrisburg, PA</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>15 Piedmont Center, Ste. 1250</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>15 Piedmont Center, Ste. 1250</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/22/98 (APR) 261-9575**

CP2E037 (10/97)