

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90089 001 ****61.25

DOCUMENT # F96000006881

1. Entity Name

COMMONWEALTH FOREST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

15 PIEDMONT CENTER
 SUITE 1250
 ATLANTA GA 30305
 US

15 PIEDMONT CENTER
 SUITE 1250
 ATLANTA GA 30305-1587
 US

2. Principal Place of Business
15 Piedmont Center

3. Mailing Address
15 Piedmont Center

Suite, Apt. #, etc.
Suite 1250

Suite, Apt. #, etc.
Suite 1250

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
51-0344578

Applied For
 Not Applicable

Zip
30305

Country
USA

Zip
30305

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KALMAN, DAVID J	
STREET ADDRESS	30 N. THIRD ST.	
CITY-ST-ZIP	HARRISBURG PA 17108-1147	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, PETER M	
STREET ADDRESS	30 N. THIRD ST.	
CITY-ST-ZIP	HARRISBURG PA 17108-1147	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONLEVY, FRANCIS J	
STREET ADDRESS	30 N. THIRD ST.	
CITY-ST-ZIP	HARRISBURG PA 17108-1147	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TARVER, CHARLES M	
STREET ADDRESS	15 PIEDMONT CENTER, SUITE 1250	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRICE, SAMUEL R	
STREET ADDRESS	15 PIEDMONT CENTER, SUITE 1250	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL R. GRICE **SAMUEL R. GRICE** 3/24/00 404-261-9575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #