


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90091 028 \*\*\*\*61.25

**DOCUMENT # F96000006881**

1. Entity Name  
**COMMONWEALTH FOREST INVESTMENTS, INC.**



Principal Place of Business  
**15 PIEDMONT CENTER  
SUITE 1250  
ATLANTA GA 30305  
US**

Mailing Address  
**15 PIEDMONT CENTER  
SUITE 1250  
ATLANTA GA 30305  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **51-0344578**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



CHECK HERE IF MAKING CHANGES

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

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KALMAN, DAVID J</b> <b>30 N. THIRD ST.</b> <b>HARRISBURG PA 17108-1147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILBERT, PETER M</b> <b>30 N. THIRD ST.</b> <b>HARRISBURG PA 17108-1147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONLEVY, FRANCIS J</b> <b>30 N. THIRD ST.</b> <b>HARRISBURG PA 17108-1147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>TARVER, CHARLES M</b> <b>15 PIEDMONT CENTER, SUITE 1250</b> <b>ATLANTA GA 30305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GRICE, SAMUEL R</b> <b>15 PIEDMONT CENTER, SUITE 1250</b> <b>ATLANTA GA 30305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VS</b> <b>L. Michael Kelly</b> <b>15 Piedmont Center, Suite 1250</b> <b>Atlanta GA 30305</b>	

12. 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: *SIG SAMUEL R GRICE* **SIGNATURE REQUIRED** 3/12/03 404/261-9575

CR2E037 (10/02)

Attachment #

20021423

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

State of Florida

--- ADDITIONAL PAGE ---

Page 2 for Commonwealth Forest Investments, Inc.

DUE DATE: 5-1-03

DOCUMENT #: F96000006881

Please record the below ADDITIONS

TITLE:	V
NAME:	Marc A. Walley
ADDRESS:	15 Piedmont Center, Suite 1250
CITY/ST/ZIP:	Atlanta, GA 30305

TITLE:	V
NAME:	Michael F. Hart
ADDRESS:	15 Piedmont Center, Suite 1250
CITY/ST/ZIP:	Atlanta, GA 30305

TITLE:	V
NAME:	Thomas N. Trembath
ADDRESS:	15 Piedmont Center, Suite 1250
CITY/ST/ZIP:	Atlanta, GA 30305

TITLE:	V
NAME:	Jeffrey S. Kochel
ADDRESS:	15 Piedmont Center, Suite 1250
CITY/ST/ZIP:	Atlanta, GA 30305