SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **833244** **(7)**

1. Corporation Name
GILBERT/COMMONWEALTH, INC.

Principal Place of Business	Mailing Address
MORGANTOWN ROAD PO BOX 1498 READING PA 19603	MORGANTOWN ROAD PO BOX 1498 READING PA 19603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1974
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21 2675 Morgantown Road
22 Suite, Apt. #, etc.
23 City & State: Reading, PA
24 Zip: 19607 25 Country: USA

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State: Same
29 Zip: 30 Country

4. FEI Number: 23-0623899 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	11 TITLE		☐ Change ☐ Addition
NAME	~~SMITH, A.F.~~	12 NAME		
STREET ADDRESS	~~CRICKET SPGS.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~GEIGERTOWN PA~~	14 CITY-ST-ZIP		
TITLE	VPT	21 TITLE		☒ Change ☐ Addition
NAME	~~ITIN, J.R.~~	22 NAME	Ball, G.L.	
STREET ADDRESS	~~1941 MEADOW LN.~~	23 STREET ADDRESS	460 Crest Circle	
CITY-ST-ZIP	~~WYOMISSING PA~~	24 CITY-ST-ZIP	Mohnton, PA 19540	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	BURKHART, W. K	32 NAME		
STREET ADDRESS	7 JUNCO DR.	33 STREET ADDRESS		
CITY ST ZIP	WYOMISSING PA	34 CITY ST ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	BARKER, N.R.	42 NAME		
STREET ADDRESS	R.D.#1, BOX 218	43 STREET ADDRESS		
CITY-ST-ZIP	NARVON PA	44 CITY ST ZIP		
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	~~RUTTER, E J~~	52 NAME	Cole, S.	
STREET ADDRESS	~~RR10 & PHEASANT RD.~~	53 STREET ADDRESS	100 West Walnut Street	
CITY ST ZIP	~~READING, PA 0.~~	54 CITY-ST-ZIP	Pasadena, CA 91124	
TITLE	~~AT~~	61 TITLE	AS	☒ Change ☐ Addition
NAME	~~STAPLETON, J F~~	62 NAME	Kalban, L.S.	
STREET ADDRESS	~~RR 10 PHEASANT RD~~	63 STREET ADDRESS	12 W. 34th Street	
CITY ST ZIP	~~READING PA.~~	64 CITY ST ZIP	Reiffton, PA 19606	

CR2E034 (3/95)

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)(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: _____ 7/18/95 610-855-3716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L.S. Kalban
Assistant Secretary

0178200 FN