


FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 046 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

50066652



| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # F04000000574 | | | |  | |
| 1. Entity Name HANCOCK FOREST MANAGEMENT INC. | | | | | |
| Principal Place of Business BRIXHAM GREEN III // ATN: SCHRECKENGAUST 13925 BALLANTYNE CORP. PLACE, SUITE 220 CHARLOTTE, NC 28277-2747 | | | Mailing Address BRIXHAM GREEN III // ATN: SCHRECKENGAUST 13925 BALLANTYNE CORP. PLACE, SUITE 220 CHARLOTTE, NC 28277-2747 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 63-1241146 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DCEO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHRISTENSEN, DANIEL P | | NAME | | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCKNIGHT, BRUCE C | | NAME | | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | | |
| TITLE | CFO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILL, SUSAN F | | NAME | | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARRE, WILLIAM | | NAME | | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | | |
| TITLE | VD <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DOLAN, MARJORIE A | | NAME | DIRECTOR | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | MICHAEL J MORGAN | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | 99 HIGH ST., 26TH FLOOR | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | BOSTON MA 02110 2747 | |
| NAME | WOLF, MICHAEL | | NAME | | |
| STREET ADDRESS | 99 HIGH STREET, 26TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON, MA 021102747 | | CITY-ST-ZIP | | |
| 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 607, 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: <u><i>Styler</i></u> | | | 1 Sep 05 617-747-1506 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT

50066652

#FD4000000574

C. HANCOCK FOREST MANAGEMENT, INC. (HFM)

- **Sole Stockholder:** Hancock Natural Resource Group, Inc.

1. **Directors**

Daniel P. Christensen, Chairman
Bruce C. McKnight
Michael J. Morgan

2. **Officers**

Chief Executive Officer
President
Vice President & Chief Financial Officer
Vice President
Vice President
General Counsel
Vice President and Treasurer
Vice President, Treasury and Assistant Treasurer
Assistant Vice President, Treasury and Assistant Treasurer
Assistant Vice President, Securities Operations
Assistant Treasurer
Secretary
Assistant Secretary
Assistant Secretary

Daniel P. Christensen
Michael Wolf
Susan F. Gill
William L. Marre
Thomas Sarno
Thomas S. O'Keefe
Peter Copestake
Wayne Zuk
Cathy Hopkinson

David Hayter
Kevin J. McWilliams
Sandra L. Silbert
Elizabeth Clark
Grace O'Connell

3. **Compensation Committee**

Daniel P. Christensen, Chairman
Bruce C. McKnight
Michael J. Morgan

4. **Audit Committee**

Daniel P. Christensen, Chairman
Bruce C. McKnight
Michael J. Morgan

D. HANCOCK NATURAL RESOURCE GROUP AUSTRALIA PTY LIMITED (HNRGA)

- **Sole Stockholder:** Hancock Natural Resource Group, Inc.

1. **Directors**

Daniel P. Christensen, Chairman
Lynette Gearing
Raymond Kellerman
Karl H. Kny
Bruce C. McKnight
Michael J. Morgan