

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F96000006881

1. Corporation Name
COMMONWEALTH FOREST INVESTMENTS, INC.

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| Principal Place of Business 15 PIEDMONT CENTER SUITE 1250 ATLANTA GA 30731 US | Mailing Address 15 PIEDMONT CENTER SUITE 1250 ATLANTA GA 30731 US |
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| 2. Principal Place of Business 21 15 Piedmont Center Suite, Apt. #, etc. 22 Suite 1250 City & State 23 Atlanta, GA Zip Country 24 30305 USA | 2a. Mailing Address 26 15 Piedmont Center Suite, Apt. #, etc. 27 Suite 1250 City & State 28 Atlanta, GA Zip Country 29 30305 USA | 3. Date Incorporated or Qualified 12/27/1996 | 4. FEI Number 51-0344578 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 FL 85 Zip Code |
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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.

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| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE <input type="checkbox"/> DELETE NAME D KALMAN, DAVID J STREET ADDRESS 30 N. THIRD ST. CITY-ST-ZIP HARRISBURG PA 17108-1147 | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE NAME D GILBERT, PETER M STREET ADDRESS 30 N. THIRD ST. CITY-ST-ZIP HARRISBURG PA 17108-1147 | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE NAME D DONLEVY, FRANCIS J STREET ADDRESS 30 N. THIRD ST. CITY-ST-ZIP HARRISBURG PA 17108-1147 | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE NAME PT TARVER, CHARLES M STREET ADDRESS 15 PIEDMONT CENTER, SUITE 1250 CITY-ST-ZIP ATLANTA GA 30305 | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE NAME VS GRICE, SAMUEL R STREET ADDRESS 1250 PIEDMONT CENTER, SUITE 1250 CITY-ST-ZIP ATLANTA GA 30305 | 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 15 Piedmont Center, Suite 1250 5.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/21/99 404/261-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)