

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 039 ****61.25

006694

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
 US

00072312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0344578

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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: SIGNATURE REVIEWED

6/1/01

404-261-9575

CR2E037 (10/00)