


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 30, 2004 08:00 AM  
Secretary of State**

**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
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01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0344578	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

U00000142954  
04/30/04-80072-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALMAN, DAVID J 30 N. THIRD ST. HARRISBURG, PA 171081147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, PETER M 30 N. THIRD ST. HARRISBURG, PA 171081147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEVY, FRANCIS J 30 N. THIRD ST. HARRISBURG, PA 171081147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TARVER, CHARLES M 15 PIEDMONT CENTER, SUITE 1250 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRICE, SAMUEL R 15 PIEDMONT CENTER, SUITE 1250 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KELLY, L. MICHAEL 15 PIEDMONT CENTER, STE 1250 ATLANTA, GA 30305

**DO NOT WRITE IN THIS SPACE**

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:** Samuel R. Grice 4/7/04 404-261-9575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #