


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**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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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0344578	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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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, 2007

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

10. OFFICERS AND DIRECTORS

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

U00000748213  
 05/17/07-80056-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/12/07 404-455-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #