

1.) CORPORATION NAME:

**ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.**

DUE DATE: **5/31/2013**

SCC ID NO: **F1257551**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LYNN C WILSON  
312 MONTGOMERY ST STE 208  
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 312 MONTGOMERY STREET  
STE 208

CITY/ST/ZIP: ALEXANDRIA, VA 22314-1516

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RICHARD G. CARBONETTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5086 US ROUTE 5		
CITY/ST/ZIP/CO:	NEWPORT, VT 05855		

NAME:	CLIFF J. BARNHART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 167		
CITY/ST/ZIP/CO:	DALLAS, OR 97338-0167		

NAME:	CHARLES L. VANOVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	15 PIEDMONT CENTER SUITE 1250		
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-1527		

NAME:	LYNN C WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	312 MONTGOMERY STREET STE 208		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-1516		

NAME:	James C. Chatten	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	246 Crabtree Cemetery Road		
CITY/ST/ZIP/CO:	Lucasville, OH 45648		

NAME:	James I. Alfriend	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 1270		
CITY/ST/ZIP/CO:	Thompson, GA 30824		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael D. Jackson DIRECTOR 100 Ruby Street SE Suite B Tumwater, WA 98501-6723	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark W. Brian DIRECTOR 255 State Hwy 7 East Center, TX 75935	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LYNN C WILSON	LYNN C WILSON, DIRECTOR	3/15/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			