

1.) CORPORATION NAME:

ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

DUE DATE: **5/31/2014**

SCC ID NO: **F1257551**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK W. BRIAN	
TITLE:	DIRECTOR	
ADDRESS:	255 STATE HWY 7 EAST	
CITY/ST/ZIP/CO:	CENTER, TX 75935	

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES C. CHATTIN	
TITLE:	DIRECTOR	
ADDRESS:	246 CRABTREE CEMETERY ROAD	
CITY/ST/ZIP/CO:	LUCASFILLE, OH 45648	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL D. JACKSON	
TITLE:	DIRECTOR	
ADDRESS:	100 RUBY STREET SE SUITE B	
CITY/ST/ZIP/CO:	TUMWATER, WA 98501-6723	

NAME: LYNN C WILSON TITLE: DIRECTOR ADDRESS: 312 MONTGOMERY STREET STE 208 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-1516	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Michael Wetzel TITLE: DIRECTOR ADDRESS: 1073 Brookhaven Drive CITY/ST/ZIP/CO: Aiken, SC 29803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	5/20/2014
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.