

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006963

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: REMEMBRANCE SERVICES MANAGEMENT, INC.

## Current Principal Place of Business:

3925 RIVER CROSSING PKWY  
STE 100  
INDIANAPOLIS, IN 462407748

## New Principal Place of Business:

## Current Mailing Address:

3925 RIVER CROSSING PKWY  
STE 100  
INDIANAPOLIS, IN 462407748

## New Mailing Address:

FEI Number: 20-2706558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

USELTON, MICHAEL R  
1830 AMBERWOOD CIR W  
PALMETTO, FL 34221 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BRAMMER, TIMOTHY F  
Address: 3925 RIVER CROSSING PKWY - STE 100  
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: PD ( ) Delete  
Name: BRAMMER, JAY A  
Address: 3925 RIVER CROSSING PKWY - STE 100  
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: VPD ( ) Delete  
Name: BURD, TERRY A  
Address: 3925 RIVER CROSSING PKWY - STE 100  
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: VPD ( ) Delete  
Name: USELTON, MICHAEL R  
Address: 1830 AMBERWOOD CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete  
Name: OSBORNE, GARY  
Address: 3925 RIVER CROSSING PKWY - STE 100  
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: ST ( ) Delete  
Name: SHOGER, NEAL  
Address: 3925 RIVER CROSSING PKWY - STE 100  
City-St-Zip: INDIANAPOLIS, IN 462407748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. USELTON

VPD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date