

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90107 009 ***150.00

DOCUMENT # F99000000476

1. Entity Name
BATESVILLE CASKET COMPANY, INC.

Principal Place of Business
ONE BATESVILLE BLVD.
BATESVILLE IN 47006

Mailing Address
700 STATE ROUTE 46E
C/O CORP TAX DEPT
BATESVILLE IN 47006-8835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 35-2057447		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President, CEO, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRT, DAVID J		NAME	Kenneth A. Camp	
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS	State Route 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP	Batesville, IN 47006-8835	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, NORMAN H		NAME	Douglas I. Kunkel	
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS	State Route 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP	Batesville, IN 47006-8835	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, DAVID L		NAME	David L. Robertson	
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS	State Route 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP	Batesville, IN 47006-8835	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDENMEYER, MARK R		NAME	Patrick D. de Maynadier	
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS	State Route 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP	Batesville, IN 47006-8835	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMP, KENNETH A		NAME	Christopher R. Ruberg	
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS	State Route 46E	
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP	Batesville, IN 47006-8835	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKWOOD, FREDERICK W		NAME		
STREET ADDRESS	STATE ROUTE 46E		STREET ADDRESS		
CITY-ST-ZIP	BATESVILLE IN 47006-8835		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Patrick D. de Maynadier, Secretary 04/26/02 812-934-7000

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

CR2E034 (9/01)