

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000004884

**Entity Name:** SCI GEORGIA FUNERAL SERVICES, LLC

**Current Principal Place of Business:**

1929 ALLEN PKWY  
HOUSTON, TX 77019

**FILED**  
**Feb 23, 2023**  
**Secretary of State**  
**9607705214CC**

**Current Mailing Address:**

1929 ALLEN PKWY  
HOUSTON, TX 77019

**FEI Number: 76-0323238**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            YOUNG, JAMES S  
Address        1929 ALLEN PKWY  
City-State-Zip: HOUSTON TX 77019

Title            ASST. SECRETARY  
Name            KEY, JANET  
Address        1929 ALLEN PKWY  
City-State-Zip: HOUSTON TX 77019

Title            MGR, VP  
Name            KLEBAN, DANIEL  
Address        1929 ALLEN PKWY  
City-State-Zip: HOUSTON TX 77019

Title            MGR, SECRETARY  
Name            ROUNDTREE, LYNDIA  
Address        1929 ALLEN PKWY  
City-State-Zip: HOUSTON TX 77019

Title            TREASURER  
Name            TRIESCH, MICHAEL G  
Address        1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title            VP  
Name            LACOUVER, ANGELA M  
Address        1333 S CLEARWATER PARKWAY  
City-State-Zip: NEW ORLEANS LA 70121

Title            VP  
Name            HASTY, JOHN R  
Address        3982 MAPLETON DOWNS NW  
City-State-Zip: KENNESAW GA 30144

Title            VP  
Name            LONGINO, NOBLE L  
Address        6300 SOUTH R.L. THORNTON  
FREEWAY  
City-State-Zip: DALLAS TX 75232

**Continues on page 2**

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL G TRIESCH**

**TREASURER**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name LEAHY-HANCOCK, KATIE S  
Address 1200 S NEW HOPE ROAD  
City-State-Zip: GASTONIA NC 28054

Title VP  
Name BATEMAN, MARIA E  
Address 1333 S CLEARWATER PARKWAY  
City-State-Zip: NEW ORLEANS LA 70121

Title ASST. SECRETARY  
Name GIBBS, BRENDA K  
Address 1333 S CLEARWATER PARKWAY  
City-State-Zip: NEW ORLEANS LA 70121

Title DIRECTOR  
Name WALLS, TOBI G  
Address 1929 ALLEN PKWY  
TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019

Title VP  
Name DECELL, MICHAEL L  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title VP  
Name HASS, DAVID A  
Address 10993 ALPHARETTA HIGHWAY  
City-State-Zip: ROSWELL GA 30076

Title ASST. TREASURER  
Name VERMA, YULIA A  
Address 1929 ALLEN PKWY  
TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019