

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823358

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: AURORA CASKET COMPANY INC

## Current Principal Place of Business:

10944 MARSH ROAD  
AURORA, IN 47001

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 29  
AURORA, IN 47001

## New Mailing Address:

FEI Number: 35-0154890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: DV ( ) Delete  
Name: BARROTT, JOHN C VP  
Address: 323 1ST AVENUE SOUTH  
City-St-Zip: TIERRA VERDE, FL 33715

Title: D ( ) Delete  
Name: BACKMAN JR., WILLIAM D DIR  
Address: 414 MAPLE  
City-St-Zip: AURORA, IN 47001

Title: DT ( ) Delete  
Name: HEINTZ, THOMAS W T  
Address: 8526 SAINT IVES PLACE  
City-St-Zip: CINCINNATI, OH 45255

Title: DV ( ) Delete  
Name: BARROTT III, WILLIAM E VP  
Address: 5055 BRIARWOOD AVE  
City-St-Zip: AURORA, IN 47001

Title: DP ( ) Delete  
Name: BACKMAN III, WILLIAM D PRES  
Address: 5478 BRIARWOOD AVE  
City-St-Zip: AURORA, IN 47001

Title: DS ( ) Delete  
Name: WILLIAM, BARROTT J S  
Address: 2641 BAYHILL  
City-St-Zip: CINCINNATI, OH 45233

## 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: THOMAS W. HEINTZ

DT

04/29/2007

Electronic Signature of Signing Officer or Director

Date