2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# 823358

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 TRES 04/06/2008

Electronic Signature of Signing Officer or Director — Date