

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823358

FILED
Apr 24, 2009
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: S (X) Change () Addition
Name: WILLIAM, BARROTT J S
Address: 2641 BAYHILL
City-St-Zip: CINCINNATI, OH 45233

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

TREA

04/24/2009

Electronic Signature of Signing Officer or Director

Date