

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834685

FILED
Feb 28, 2005
Secretary of State

Entity Name: LDS FAMILY SERVICES INCORPORATED

Current Principal Place of Business:

132 SOUTH STATE STREET
SUITE 300
SALT LAKE CITY, UT 84111 US

New Principal Place of Business:

Current Mailing Address:

60 EAST SOUTH TEMPLE
SUITE 1800
SALT LAKE CITY, UT 841111004 US

New Mailing Address:

FEI Number: 87-0299862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BROWN, HAROLD C
Address: 50 E. NORTH TEMPLE, 7TH FLOOR
City-St-Zip: SALT LAKE CITY, UT 84150 US

Title: D () Delete
Name: COX, SHIRLEY E
Address: 2975 INDIAN HILLS DRIVE
City-St-Zip: PROVO, UT 84606 US

Title: D () Delete
Name: GURNEY, CLINT
Address: 50 E. NORTH TEMPLE, 1WWW
City-St-Zip: SALT LAKE CITY, UT 84150 US

Title: PD () Delete
Name: RILEY, FRED M
Address: 132 SOUTH STATE STREET #300
City-St-Zip: SALT LAKE CITY, UT 84111 US

Title: V () Delete
Name: SCHARMAN, S. BRENT
Address: 132 SOUTH STATE STREET #300
City-St-Zip: SALT LAKE CITY, UT 84111 US

Title: S () Delete
Name: MCCONKIE, DAVID M
Address: 60 E. SOUTH TEMPLE, STE. 1800
City-St-Zip: SALT LAKE CITY, UT 84111 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARKIN, BONNIE R
Address: 76 N. MAIN STREET
City-St-Zip: SALT LAKE CITY, UT 84150 US

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. MCCONKIE

S

02/28/2005

Electronic Signature of Signing Officer or Director

Date