

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006815**

1. Entity Name

AMERICAN BURIAL AND CREMATION CENTERS, INC.**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90215 050 ***150.00

Principal Place of Business

**4126 NORLAND AVENUE
BURNABY, B.C.
CANADA V5G 3S8**

Mailing Address

**4126 NORLAND AVENUE
BURNABY, B.C.
CANADA V5G 3S8**

2. Principal Place of Business

311 ELM STREET

Suite, Apt. #, etc.

SUITE 1000

City & State

CINCINNATI, OH

3. Mailing Address

2225 SHEPPARD AVENUE EAST

Suite, Apt. #, etc.

ATRIA NORTH III - 11TH FLOOR

City & State

TORONTO, ONT

4. FEI Number

61-1300771

Applied For

Not Applicable

Zip

45202

Country

USA

Zip

M2J 5B5

Country

CANADA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VASD**
STREET ADDRESS **HYNDMAN, PETER S**
CITY-ST-ZIP **4126 NORLAND AVENUE
BURNABY, BC, CANADA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEEDON, MICHAEL G**
CITY-ST-ZIP **4126 NORLAND AVENUE
BURNABY, BC, CANADA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **COLLINS, RONALD G**
CITY-ST-ZIP **4126 NORLAND AVENUE
BURNABY, BC, CANADA**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **311 ELM STREET, SUITE 1000**
CITY-ST-ZIP **CINCINNATI, OH 45202**TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **GUSHULAK, RONALD P**
CITY-ST-ZIP **3205 WEST DAVIS
CONROE TX 77304**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **311 ELM STREET, SUITE 1000**
CITY-ST-ZIP **CINCINNATI, OH 45202**TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HAWES, DWIGHT K**
CITY-ST-ZIP **4126 NORLAND AVENUE
BURNABY, BC, CANADA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P**
STREET ADDRESS **HOUSTON, PAUL A**
CITY-ST-ZIP **500 HOOD ROAD
MARKHAM, ONT., CANADA**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2225 SHEPPARD AVE E, ATRIA N III - 11TH FL.**
CITY-ST-ZIP **TORONTO, ONT M2J 5B5 CANADA**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2001

Date

(416) 498-2451

Daytime Phone #

CR2E034 (10/00)