


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000003202</b> 1. Entity Name <b>FUNERAL CONSUMER GUARDIAN SOCIETY, INC.</b>	
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Principal Place of Business <b>300 NORTH COIT ROAD, SUITE 1050 RICHARDSON, TX 75080</b>	Mailing Address <b>300 NORTH COIT ROAD, SUITE 1050 RICHARDSON, TX 75080</b>
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01262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2929472</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000158297  
05/07/04-80016-004 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KATOSIC, GEORGE R 300 N COIT RD., STE 1050 RICHARDSON, TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NORED, ANNE M 300 N COIT RD., STE 1050 RICHARDSON, TX 75080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SLUSSER, WALT 12240 MONTEGO PLAZA DALLAS, TX 752301720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/04 9PM/664-9170**  
Date Daytime Phone