2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F01000003202

Entity Name: FUNERAL CONSUMER GUARDIAN SOCIETY, INC.

Current Principal Place of Business:

2823 OLD HILL ROAD
FLOYDS KNOBS, IN 47119

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 91
NEW ALBANY, IN 47151

New Mailing Address:

FEI Number: 75-2929472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC
11380 HOSPERITY FARMS ROAD
221 E
PALM BEACH GARDENS, FL 33410 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: SD (X) Delete
Name: KATOSIC, GEORGE R
Address: 300 N COIT RD., STE 350
City-St-Zip: RICHARDSON, TX 75080

Title: VPD ( ) Delete
Name: NORED, ANNE M
Address: 1116 DEERCROSS LANE
City-St-Zip: WAXHAW, NC 28173

Title: VPD ( ) Delete
Name: LAWLER, WAYNE D JR.
Address: 300 NORTH COIT ROAD, SUITE 350
City-St-Zip: RICHARDSON, TX 75080

Title: PD ( ) Delete
Name: KRAFT, JOSEPH H
Address: 2823 OLD HILL ROAD
City-St-Zip: FLOYD KNOBS, IN 47119

Title: T ( ) Delete
Name: KRAFT, PAMELA G
Address: 2823 OLD HILL ROAD
City-St-Zip: FLOYDS KNOBS, IN 47119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: NORED, ANNE M
Address: 1116 DEERCROSS LANE
City-St-Zip: WAXHAW, NC 28173

Title: SD (X) Change ( ) Addition
Name: LAWLER, WAYNE D JR.
Address: 300 NORTH COIT ROAD, SUITE 350
City-St-Zip: RICHARDSON, TX 75080

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

Title: TD (X) Change ( ) Addition
Name: KRAFT, PAMELA G
Address: 2823 OLD HILL ROAD
City-St-Zip: FLOYDS KNOBS, IN 47119

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

SIGNATURE: PAMELA G. KRAFT TREA 03/19/2009

Electronic Signature of Signing Officer or Director — Date