

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006963

FILED
Apr 28, 2008
Secretary of State

Entity Name: REMEMBRANCE SERVICES MANAGEMENT, INC.

Current Principal Place of Business:

3925 RIVER CROSSING PKWY
STE 100
INDIANAPOLIS, IN 462407748

New Principal Place of Business:

Current Mailing Address:

3925 RIVER CROSSING PKWY
STE 100
INDIANAPOLIS, IN 462407748

New Mailing Address:

FEI Number: 20-2706558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USELTON, MICHAEL R
1830 AMBERWOOD CIR W
PALMETTO, FL 34221 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: CD () Delete
Name: BRAMMER, TIMOTHY F
Address: 3925 RIVER CROSSING PKWY - STE 100
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: PD () Delete
Name: BRAMMER, JAY A
Address: 3925 RIVER CROSSING PKWY - STE 100
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: VPD () Delete
Name: BURD, TERRY A
Address: 3925 RIVER CROSSING PKWY - STE 100
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: VPD () Delete
Name: USELTON, MICHAEL R
Address: 1830 AMBERWOOD CIR W
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: OSBORNE, GARY
Address: 3925 RIVER CROSSING PKWY - STE 100
City-St-Zip: INDIANAPOLIS, IN 462407748

Title: ST () Delete
Name: SHOGER, NEAL
Address: 3925 RIVER CROSSING PKWY - STE 100
City-St-Zip: INDIANAPOLIS, IN 462407748

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
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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 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: MICHAEL R. USELTON

VPD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date