## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006963

Entity Name: REMEMBRANCE SERVICES MANAGEMENT, INC.

FILED Jan 20, 2009 Secretary of State

| Current Principal Place of Business:                                |  |   |              | New Principal Place of Business:                                    |   |                            |             |
|---|--|---|--------------|---|---|----------------------------|-------------|
| STE 100   | R CROSSING<br>OLIS, IN 4624                            |   |              |   |   |                            |             |
| Current Mailing Address:  |  |   |              | New Mailing Address:  |   |                            |             |
| 3925 RIVER CROSSING PKWY<br>STE 100<br>INDIANAPOLIS, IN 462407748   |  |   |              |   |   |                            |             |
| FEI Number:   | 20-2706558   | FEI Number Applied For ( )                                      | FEI Numb     | er Not Appli  | cable ( )   | Certificate of Status Desi | red ( )     |
| Name and  | Address of C   | Current Registered Agent:                                       | N            | Name and  | Address of N  | lew Registered Agent       | :           |
| USELTON, MICHAEL R<br>1830 AMBERWOOD CIR W<br>PALMETTO, FL 34221 US |  |   |              | USELTON, MICHAEL R<br>1830 AMBERWYND CIR W<br>PALMETTO, FL 34221 US |   |                            |             |
|   | named entity :<br>e of Florida.                        | submits this statement for the p                                | ourpose of o | changing its  | s registered o  | office or registered agen  | t, or both, |
| SIGNATURE:  |  |   |              | 01/20/2009  |   |                            |             |
|   | Electror   | nic Signature of Registered Age                                 | ent          |   |   | Date                       |             |
| Election Can  | npaign Financin  | g Trust Fund Contribution ( ).                                  |              |   |   |                            |             |
| OFFICERS AND DIRECTORS:   |  |   | P            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                        |   |                            |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | BRAMMER, TIN<br>3925 RIVER CI                          | ) Delete<br>MOTHY F<br>ROSSING PKWY - STE 100<br>, IN 462407748 | N<br>A       | īitle:<br>lame:<br>lddress:<br>Dity-St-Zip:                         | ( )   | ) Change ()Addition        |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | BRAMMER, JA<br>3925 RIVER CI                           | ) Delete<br>Y A<br>ROSSING PKWY - STE 100<br>, IN 462407748     | N<br>A       | Title:<br>Jame:<br>Address:<br>Dity-St-Zip:                         | ( )   | ) Change ()Addition        |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | BURD, TERRY<br>3925 RIVER CI                           | ) Delete<br>A<br>ROSSING PKWY - STE 100<br>, IN 462407748       | N<br>A       | Title:<br>Jame:<br>Address:<br>Dity-St-Zip:                         | ( )   | ) Change ()Addition        |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | VPD ( )<br>USELTON, MIC<br>1830 AMBERW<br>PALMETTO, FL | OOD CIR W   | N<br>A       | Title:<br>Name:<br>Address:<br>Dity-St-Zip:                         | VPD (X<br>USELTON, MIC<br>1830 AMBERW<br>PALMETTO, FL | YND CIR W                  |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | OSBORNE, GA<br>3925 RIVER CI                           | ) Delete<br>RY<br>ROSSING PKWY - STE 100<br>, IN 462407748      | N<br>A       | Title:<br>Name:<br>Address:<br>Dity-St-Zip:                         | ( )   | ) Change ()Addition        |             |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                         | SHOGER, NEA<br>3925 RIVER CI                           | ) Delete<br>L<br>ROSSING PKWY - STE 100<br>, IN 462407748       | N<br>A       | ītle:<br>lame:<br>Address:<br>City-St-Zip:                          | ( )   | ) Change ()Addition        |             |
| l boroby so   | rtify that the in                                      | formation cumplied with this fili                               |              |   | . 46  |                            | Classiala.  |

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 MGR 01/20/2009