


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000000555 (0)
 1. Corporation Name
LOEWEN GROUP INC.



| | |
|--|--|
| Principal Place of Business 50 E RIVER CENTER BLVD #800 COVINGTON KY 41011 | Mailing Address 4126 NORLAND AVE BURNABY BC V5G3S US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/01/1996 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 61-1206758 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | FL |
| | | | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOEWEN, RAYMOND L | 1.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BURNABY, B.C., V5G 3S8 KY 41011 | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | DAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HYNDMAN, PETER S | 2.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BURNABY, B.C., V5G 3S8 KY 41011 | 2.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOGENKAMP, TIMOTHY R | 3.2 NAME | |
| STREET ADDRESS | 50 E RIVER CENTER BLVD #800 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | COVINGTON KY 41011 | 3.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASHNER, JEFFREY | 4.2 NAME | |
| STREET ADDRESS | 801 TEAS RD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CONROE TX 77303 | 4.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAYES, HERBERT A | 5.2 NAME | |
| STREET ADDRESS | 134 N HENRY ST | 5.3 STREET ADDRESS | 1003 EAST MAIN STREET |
| CITY - ST - ZIP | MORRISTOWN TN 37814 | 5.4 CITY - ST - ZIP | MORRISTOWN, TN 37814 |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAEFER, F. DUANE | 6.2 NAME | |
| STREET ADDRESS | 8303 KATY FRWY | 6.3 STREET ADDRESS | 4801 WOODWAY, SUITE 375W |
| CITY - ST - ZIP | HOUSTON TX 77024 | 6.4 CITY - ST - ZIP | HOUSTON, TX 77056 |

14. 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 annual report or supplement annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Peter S. Hyndman 03/23/98 (604) 299-9321**

CR2E034 (10/97)