

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		61-1206758	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. 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

Signature, typed or printed name of registered agent and title if applicable

(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 to 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)