

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY -6 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000555-1
1. Entity Name
ALDERWOODS (PARTNER), INC.
(formerly) Loewen Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
311 ELM STREET
Suite, Apt. #, etc.
SUITE 1000
City & State
CINCINNATI, OHIO

3. Mailing Address
2225 SHEPPARD AVE. E.
Suite, Apt. #, etc.
SUITE 1100
City & State
TORONTO, ONTARIO

4. FEI Number
61-1206758
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Country
45202 U.S.A. M2J 5C2 CANADA

7. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City PLANTATION FL Zip Code 33324

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT PAUL A. HOUSTON 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON M2J 5C2 CANADA

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SECRETARY LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TREASURER LAUREL J. LANGFORD 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VICE-PRESIDENT HERBERT A. MAYES 8624 GARTH ROAD BAYTOWN, TX 77521

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIRECTOR JEFFREY LOWE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIRECTOR WILLIAM TOTTLE 1100 - 2225 SHEPPARD AVE. E. TORONTO, ON CANADA M2J 5C2

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: Laurel J. Langford LAUREL J. LANGFORD 03/26/02 (416) 498-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #