

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000555

FILED
Jan 08, 2004
Secretary of State

Entity Name: ALDERWOODS (PARTNER), INC.

Current Principal Place of Business:

311 ELM STREET
SUITE 1000
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

311 ELM STREET
SUITE 1000
CINCINNATI, OH 45202 US

New Mailing Address:

FEI Number: 61-1206758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: HOUSTON, PAUL A
Address: 1100-2225 SHEPPARD AVE E.
City-St-Zip: TORONTO, ON, 45202

Title: S () Delete
Name: LANGFORD, LAUREL J
Address: 1100-2225 SHEPPARD AVE E.
City-St-Zip: TORONTO, ON, 45202

Title: T () Delete
Name: LANGFORD, LAUREL J
Address: 1100-2225 SHEPPARD AVE E.
City-St-Zip: TORONTO, ON, 45202

Title: D () Delete
Name: LOWE, JEFFREY
Address: 1100-2225 SHEPPARD AVE E.
City-St-Zip: TORONTO, ON, 45202

Title: D () Delete
Name: TOTTLE, WILLIAM
Address: 1100-2225 SHEPPARD AVE E.
City-St-Zip: TORONTO, ON, 45202

Title: VP () Delete
Name: MAYES, HERBERT A
Address: 8624 GARTH ROAD
City-St-Zip: BAYTOWN, TX 77521

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
Name:
Address:
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 for the exemption stated in Section 119.07(3)(i), 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: LAUREL LANGFORD

S

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date