## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

AIIIOADIA					Secretary or State			
DOCUMENT # F9600000665  1. Entity Name CFS FUNERAL SERVICES, INC.						6 90294 013 ***1:		
Principal Plac	a of Business	Mailing Address			-			
Principal Place of Business Mailing Address 1900 ST JAMES PLACE, 4TH FLR HOUSTON, TX 77056 HOUSTON, TX 77056 Mailing Address 1900 ST JAMES PLACE HOUSTON, TX 77056		4TH FLR			NI 4011 BEM BEIJE BIJE BIJE BIJE			
3040 P	OST DAK BLVO	3. Mailing Address 3040 POST OAK BLVO						
Suite, Apt. #, etc. Suire 300		Suite, Apt. #, etc.		04172006	Chg-P	CR2E034 (11/05)		
City & State		City & State HEUSTEN TX 77056		4. FEI Numb		<u> </u>	plied For t Applicable	
Zip Country		Zip Country				_ \$8.75 Add		
7705		77056	USA	5. Certificate	of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and	d Address of New R	legistered Agent		
				Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION, PL 33324 (*)								
			City	City FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11	
TITLE	PDCE	☐ Delete	TITLE			Change	Addition	
NAME	PAYNE, MELVIN C	000	NAME STREET ADDRESS	2040 Pace	D14 3.	P Suite 30	٥	
STREET ADDRESS CITY-ST-ZIP	1 1900 ST JAMES PLACE, 4TH FLOOR STR HOUSTON, TX 77056			30 10 1 041	C4F \$20			
TITLE	SVP	Delete	TITLE	SVP		Change	X Addition	
NAME	SIDUN, CHARLES D	uzs veiete	NAME	000000	. KLUG		A MODITION	
STREET ADDRESS	1900 ST JAMES PLACE 4TH FL		STREET ADDRESS	3040 POST	OAKBLUK	0 Sire 300		
CITY-ST-ZIP	HOUSTON, TX 77056		CITY-ST-ZIP	HOUSTON	TX 770	56		
TITLE	VPT	☐ Delete	TITLE	VP		Change	Addition	
NAME CERTE ARROTCO	HARLOW, W CLARK	OOR	NAME STREET ADDRESS	20420 0	CALRE	10 Suite 30	0	
STREET ADDRESS CITY-ST-ZIP	1900 ST JAMES PLACE, 4TH FL   HOUSTON, TX 77056	OOR	CITY-ST-ZIP	3010 133	ORES			
TITLE	DVPS	☐ Delete	TITLE			<b>万</b> Change	☐ Addition	
NAME STREET ADDRESS	SAPORITO, JOSEPH	OOP	NAME STREET ADDRESS	3040 Post	DO 4 R. 10	Suine 300		
STREET ADDRESS CITY-ST-ZIP	1900 ST JAMES PLACE, 4TH FL   HOUSTON, TX 77056	OOR	CITY-ST-ZIP	2040 6931	UPE POIL			
TITLE	SVP	☐ Delete	TITLE			Change	Addition	
NAME	BENARD, JAMES J			2010 0 -	71- RIV	0 Suite 300	١	
STREET ADDRESS CITY-ST-ZIP	1900 ST JAMES PLACE, 4TH FL   HOUSTON, TX 77056	UUR	STREET ADDRESS CITY-ST-ZIP	7040 LON	0 % ~ B200	–		
TITLE	VPCC		TITLE	SUP/CC/T	<del>,</del>	Change	Addition	
NAME	SANFORD, TERRY E		NAME	3040 POST				
STREET ADDRESS	1900 ST JAMES PLACE, 4TH FL	OOR	STREET ADORESS CITY-ST-ZIP	3040 POST	UAKBEW	2011. 200		
CITY-ST-ZIP	HOUSTON, TX 77056 certify that the information supplied with	entained in Chantes 11	D Florida Statutos 1	I further certify that the in	formation			
i 12. i hereby i	certify that the information supplied with	this mind does not quality for	the exemptions co	ontaineo in Unapter 11	a, monda Statutes 1	manace certify that the in	nomadon	

I nereby certify that the information supplied with this tiling does not quality for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STORMELINE AND APPEO OR PRINTED NAMEJOF SIGNING OFFICER OR DIRECTOR

Tenay E SANFORD 4/17/2016 713 332 8406
Dayline Phone 1