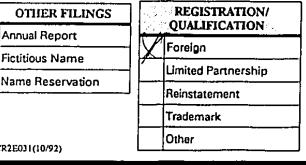
000015/6

PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name) 1406 Hays Street, Suite 2 (Address) Tallahassee, FL 32301 (904) 656~3992 OFFICE USE ONLY

(City, State, Zip)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. American Burial and Cromation Centers Inc. (Corporation Name) (Documents) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 3/25/96 Certified Copy Mail out Will wait Certificate of Status Photocopy **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger



Annual Report

Fictitious Name

CR2E031(10/92)

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS

IN THE STATE OF FLORIDA:

Chairman: Address:

Address:

Vice Chairman:

N/A

American Burial and Cremation Centers, Inc. 1. (Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. Delaware (State or country under the law of which it is incorporated) 3. March 12, 1996 Perpetual (Date of Incorporation) (Duration) 5. Applied For (Federal Employer identification number, if applicable) 6. April 1, 1996 (Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.) 7. 800-50 East River Center Boulevard (Current mailing address) 8. To provide funeral related services to individuals (Brief description of the nature of the business in which it is engaged in the state of Florida) 9. Names and addresses of officers and/or directors: A. DIRECTORS:

Director:	Raymond L. Loewen	
Address:	4126 Norland Avenue	
	Burnaby, DC V5G 358 Canada	
Director:	Peter S. liyndman	
Address:	4126 Norland Avenue	
	Burnaby, BC V5G 358 Canada	
B. OFFICERS:		
President:	R. Keith Ashby	
Address:	50 East River Center Boulevard, Suite 800	<u>,</u>
	Covington, Kentucky 41011	
Assistant Secretary: Vige//President:	Poter S. Hyndman	
Address:	4126 Norland Avenue	
	Burnaby, BC V5G 358 Canada	
Secretary ATreasurer:	Mark Augre	HAR.
	50 East River Center Boulevard, Suite 800	اللب الله
	Cevington, Kentucky 41011	
Assistant Secretary: "Prnasworn:	Timothy A. Birch	2:13 2:13
Address:	22 Antler Lane	
	Wilton, Connecticut 06897	

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. NAME AND STREET ADDRESS OF FLORIDA REGISTERED AGENT:

Namo: Nº

Nacional Corporate Research, Ltd., Inc.

Office Address:

1406 Hays Street, Suite #2

Tallahassee, Florida 32301

Zip Code

11. REGISTERED AGENT'S ACCEPTANCE:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

Boseph Mirrone, Last, Vice Persont

12. Attached is a certificate of existence duly authenticated, not more that 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Signature of Chairman Vice Chairman, or any officer listed in number 9 of the application)

14. R. Keith Ashby, President

(Name and capacity of person signing application)



State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN BURIAL AND CREMATION CENTERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STALLAHASSEE, FLOSIA

Edward J. Freel, Secretary of State

AUTHENTICATION:

7867570

DATE:

03-14-96

2600568 8300 960075201

Document Number Only 000001516 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, 32301 222-1092 City State Zip **Phone CORPORATION(S) NAME** () Profit () NonProfit () Amendment () Merger) Limited Liability Co. () Foreign () Dissolution/Withdrawal () Mark () Other UCC Filing () Limited Partnership () Annual Report () Reinstatement Change of R.A. () Reservation)Fic. Name () Photo Copies () CUS () Certified Copy () After 4:30 () Call When Ready () Call if Problem Pick Up. Walk In () Mail Out Name Avallability PLEASE RETURN EXTRA CORIES FILE STAMPED Document Examinor 9-10 17 Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Flo D	rsuant to the provisions of section rida Statutes, the undersigned considered submits the following registered agent, or both, in the States	rporation g stater	on organiza ment in org	ed under the	laws of th	e State of	
1a.	The name of the corporation is:_	Amorica	n Burial	and Cronst	ion Conte	m g, Ing	-
1b.	Date of incorporation	Document number					
2.	The name and address of the cu	irrent re	gistered a	gent and off	ice:	SEP 1	2 13 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	National Corporate Resear	rch .	Ltd.		7	Sign	_:r:1
	1406 Hays St. #2 Tal:			17701		Mag at	
3.	The name and address of the new (P.O. Box Not Acceptable)	/ registe e)		and office:		ETATE,	•
-0	O C T CORPORATION SYSTEM, 120	00 Sout	h Pine Is	land Rd., P	lantation	, Florida	- 33324
of i	e street address of its registered at s registered agent as changed with change with authorized by rest officer so puriorized by the board SHANATURE DATE	ill be ide plution of 1.	entical. duly adopt Peter		ard of direc	tors or by	ey
PRO IN AG WIT PLI	VING BEEN NAMED AS REGISTS DCESS FOR THE ABOVE STATE THIS CERTIFICATE, I HEREBY A ENT AND AGREE TO ACT IN THI TH THE PROVISIONS OF ALL STA ETE PERFORMANCE OF MY DUTE E OBLIGATION OF MY POSITION	D CORI CCEPT IS CAPA ATUTES TIES, AT I AS RE	PORATION THE APPO ACITY, I F S RELATIV ND I AM F	NAT THE PLOINTMENT AURTHER AGE TO THE PAMILIAR WITO AGENT.	ACE DESI AS REGIST REE TO C PROPER AN TH AND AC REPORATION	GNATED ERED COMPLY ND COM- CCEPT	A

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)