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May 01 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 # F96000001516

1. Corporation Name

AMERICAN BURIAL AND CREMATION CENTERS, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/25/96

2. Principal Place of Business	2a. Mailing Address
21 3190 TREMONT AVENUE	26 4126 NORLAND AVENUE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TREVOSE, PA	28 BURNABY, B.C.
24 Zip: 19053 — 25 Country: USA	29 Zip: V5G 3S8 — 30 Country: CANADA

4. FEI Number: 61-1300771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH E. LEE, JR.		1.2 NAME		
STREET ADDRESS	3190 TREMONT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREVOSE, PA 19053		1.4 CITY-ST-ZIP		
TITLE	S/T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARK RHYNE		2.2 NAME		
STREET ADDRESS	800-50 E. RIVERCENTER BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COVINGTON, KY 41011		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PAUL HART		3.2 NAME		
STREET ADDRESS	3190 TREMONT AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TREVOSE, PA 19053		3.4 CITY-ST-ZIP		
TITLE	DAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETER S. HYNDMAN		4.2 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAYMOND L. LOEWEN		5.2 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 supplemental 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 — 04/23/98 — (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)