

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90107 009 ***150.00

DOCUMENT # F99000000476

1. Entity Name
BATESVILLE CASKET COMPANY, INC.

Principal Place of Business

**ONE BATESVILLE BLVD.
 BATESVILLE IN 47006**

Mailing Address

**700 STATE ROUTE 46E
 C/O CORP TAX DEPT
 BATESVILLE IN 47006-8835**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2057447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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.**
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DP** ☒ Delete
NAME **HIRT, DAVID J**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

TITLE **VD** ☒ Delete
NAME **SMITH, NORMAN H**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

TITLE **VD** ☐ Delete
NAME **ROBERTSON, DAVID L**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

TITLE **SD** ☒ Delete
NAME **LINDENMEYER, MARK R**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

TITLE **D** ☒ Delete
NAME **CAMP, KENNETH A**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

TITLE **D** ☐ Delete
NAME **ROCKWOOD, FREDERICK W**
STREET ADDRESS **STATE ROUTE 46E**
CITY-ST-ZIP **BATESVILLE IN 47006-8835**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, CEO, DIRECTOR** ☐ Change ☒ Addition
NAME **Kenneth A. Camp**
STREET ADDRESS **State Route 46E**
CITY-ST-ZIP **Batesville, IN 47006-8835**

TITLE **VP & CFO** ☐ Change ☒ Addition
NAME **Douglas I. Kunkel**
STREET ADDRESS **State Route 46E**
CITY-ST-ZIP **Batesville, IN 47006-8835**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **David L. Robertson**
STREET ADDRESS **State Route 46E**
CITY-ST-ZIP **Batesville, IN 47006-8835**

TITLE **Secretary, Director** ☐ Change ☒ Addition
NAME **Patrick D. de Maynadier**
STREET ADDRESS **State Route 46E**
CITY-ST-ZIP **Batesville, IN 47006-8835**

TITLE **Director** ☐ Change ☒ Addition
NAME **Christopher R. Ruberg**
STREET ADDRESS **State Route 46E**
CITY-ST-ZIP **Batesville, IN 47006-8835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick D. de Maynadier, Secretary

04/26/02

Date

812-934-7000

Daytime Phone #

CR2E034 (9/01)