2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060425

FILED Apr 29, 2003 Secretary of State

Entity Name: NATIONAL FUNERAL DIRECTORS INFORMATION CENTER, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
	:17				
Current Mailing Address:		New Maili	New Mailing Address:		
	:17				
59-3727482	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
named entity of Florida.		ourpose of changing i	ts registered off	ice or registered agent,	or both,
Electronic Signature of Registered Agent			Date		
	=	ADDITION	S/CHANGES T	O OFFICERS AND DIF	RECTORS:
LEINDNEN, MA 3009 EASTGA	ARTHA TE CT	Title: Name: Address: City-St-Zip:	LEINONEN, MAR 3009 EASTGATE	THA CT	
	E, FL 32308	5.1, 5. <u>-</u> .p.	TALLAHASSEE,	1 L 32300	
	ailing Addressing Address of Control Address of Con	ailing Address: 3738 SSEE, FL 32317 3738 SSEE, FL 32317 59-3727482 FEI Number Applied For () Address of Current Registered Agent: N, MARTHA IGATE CT SSEE, FL 32308 named entity submits this statement for the period of Florida. RE: Electronic Signature of Registered Agent Brancing Trust Fund Contribution (). S AND DIRECTORS:	3738 SSEE, FL 32317 Address: SSEE, FL 32317 SSEE, FL 32317 SSEE, FL 32317 Address of Current Registered Agent: Name and N, MARTHA GATE CT SSEE, FL 32308 Anamed entity submits this statement for the purpose of changing it e of Florida. RE: Electronic Signature of Registered Agent Mapaign Financing Trust Fund Contribution (). S AND DIRECTORS: D () Delete LEINDNEN, MARTHA 3009 EASTGATE CT New Mailing New Mailing	Address of Current Registered Agent: Name and Address of New Mailing Address of See, FL 32317 Address of Current Registered Agent: Name and Address of New Mailing Address: Address of Current Registered Agent: Name and Address of New Mailing Address: Address of New Mailing Address: New Mailing Address: Address: Address of New Mailing Address: New Mailing Address: Address: New Mailing Address: Address: New Mailing Address: Address: New Mailing Address: New Mailing Address: Address: New Mailing Address	New Mailing Address: Address: New Mailing Address of New Registered Agent: Name and Address of New Registered Agent: New Registered Agent: New Mailing Address of New Registered Agent: New Registered Agent: New Mailing Address of New Registered Agent: New Registered Agen

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: MARTHA LEINONEN D 04/29/2003