FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90567 018 ***150.00

759133

DOCUMENT # P33362

1. Entity Name
ALDERWOODS GROUP, INC.
(formerly) Loewen Group International, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2225 SHEPPARD AVE. E.	
Suite, Apt. #, etc.: SUITE 1100	Suite, Apt. #, etc.
City & State: TORONTO, ONTARIO	City & State
Zip: M2J 5C2 / Country: CANADA	Zip / Country

4. FEI Number: 52-1522627 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
City: PLANTATION **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	PAUL A. HOUSTON	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	CORPORATE SECRETARY	TITLE	
NAME	BRADLEY D. STAM	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	RONALD G. COLLINS	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	WILLIAM TOTTLE	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JOHN S. LACEY	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	ASSISTANT SECRETARY	TITLE	
NAME	AZALEA K. ANGELES	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ AZALEA K. ANGELES 03/26/02 (416) 498-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online