

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90229 003 ***150.00



DOCUMENT # P33362					
1. Entity Name ALDERWOODS GROUP, INC.					
Principal Place of Business 1929 ALLEN PARKWAY 9TH FLOOR TAX DEPT. HOUSTON, TX 77019 US		Mailing Address 1929 ALLEN PARKWAY 9TH FLOOR TAX DEPT. HOUSTON, TX 77019 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1522627	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIGGS, CURTIS G		NAME		
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, JUDITH M		NAME	Janet S. Key	
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS	1929 Allen Parkway	
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP	Houston Texas 77019	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPILDE, LORI E		NAME		
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAJEK, KEVIN J		NAME		
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIGGS, CURTIS G		NAME		
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, JUDITH M		NAME	Janet S. Key	
STREET ADDRESS	1929 ALLEN PARKWAY		STREET ADDRESS	1929 Allen Parkway	
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP	Houston Texas 77019	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kevin J. Grajek</i>			Treasurer <i>4/30/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		