

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000011858**

1. Corporation Name  
**JEWISH MEMORIAL SOCIETY, INC.**



Principal Place of Business 111 SKOKIE BLVD WILMETTE IL 60091	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/15/1992	4. FEI Number 36-3358967	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEINSTEIN, JOEL W		1.2 NAME MARK WEINSTEIN	
STREET ADDRESS 111 SKOKIE BLVD.		1.3 STREET ADDRESS 111 SKOKIE BLVD.	
CITY-ST-ZIP WILMETTE IL 60091		1.4 CITY-ST-ZIP WILMETTE, IL 60091	
TITLE DCEO	<input type="checkbox"/> DELETE	2.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUTLER, NORMAN		2.2 NAME	
STREET ADDRESS 111 SKOKIE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP WILMETTE IL 60091		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOEWEN, RAYMOND L.		3.2 NAME ARTHUR GROSSBERG	
STREET ADDRESS 4126 NORLAND AVE.		3.3 STREET ADDRESS 3201 NORTH 72ND AVENUE	
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8		3.4 CITY-ST-ZIP HOLLYWOOD, FL 33024	
TITLE DAS	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HYNDMAN, PETER S.		4.2 NAME SEAN M. GILCHRIST	
STREET ADDRESS 4126 NORLAND AVE.		4.3 STREET ADDRESS 801 TEAS ROAD	
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8		4.4 CITY-ST-ZIP CONROE, TX 77303-1606	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINSTEIN, ROBERT A.		5.2 NAME	
STREET ADDRESS 335 W. DUNDEE RD.		5.3 STREET ADDRESS 24100 NORTH HIGHWAY 45	
CITY-ST-ZIP BUFFALO GROVE IL 60089-3545		5.4 CITY-ST-ZIP VERNON HILLS, IL 60061-3180	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASHNER, JEFFREY L		6.2 NAME GEORGE M. AMATO	
STREET ADDRESS 801 TEAS ROAD		6.3 STREET ADDRESS 4145-58TH STREET	
CITY-ST-ZIP CONROE TX 77303		6.4 CITY-ST-ZIP WOODSIDE, NY 11377	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** PETER S. HYNDMAN April 20, 1999 (604) 299-9321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #