2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9300001765 May 16, 2000 8:00 am 1. Entity Name Secretary of State MEMORIAL PLANS, INC. 05-16-2000 90045 007 ***150.00 Mailing Address Principal Place of Business 1929 ALLEN PARKWAY 8350 NW 52 TERR 9TH FLOOR DEPT 2934 MIAMI FL 33166 HOUSTON TX 77019-2507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0379645 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 N. MAGNOLIA STREET TALLAHASSEE FL 32301 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME BRANDENBURG, JOSEPH A STREET ADDRESS STREET ADDRESS **DPT 2934 9TH FL 1929 ALLEN PKWY** CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77019** Addition ☐ Change ☐ Delete TITLE TITLE NAME TIMOTHY J. CLAIBORNE STREET ADDRESS STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77019 **Change** Delete ☐ Addition TITLE TITLE KULP, TODO C NAME NAME LOHMAN, JOHN H 1919 ALLEN PKWY STREET ADDRESS STREET ADDRESS 1929 ALLEN PWY. HOUSTON TX 77019 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77019 Change Addition TITLE Delete TITLE NAME KENNETH W. CONKLIN NAME GIPSON, RAY A STREET ADDRESS STREET ADDRESS 1929 ALLEN PKWY 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP City-ST-ZIP HOUSTON TX **HOUSTON TX 77019** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SUZZANE DINEFF NAME STREET ADDRESS STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX 77019** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LISA M. NEWBURN NAME STREET ADDRESS STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP HOUSTON FL 77019 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.