

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054093

1. Entity Name

MEMORIAL SERVICES ACQUISITION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90060 037 ***150.00

Principal Place of Business Mailing Address
BEE RIDGE RD 4126 NORLAND AVE
FL 34239 BURNABY, B.C. V5G 3S8
CANADA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-2250786 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CASHNER, JEFFREY L	
STREET ADDRESS	801 TEAS RD	
CITY-ST-ZIP	CONROE TX 77303	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY, BC CANADA V5G 3S8	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGLER, PAUL	
STREET ADDRESS	4126 NORLAND AVE	
CITY-ST-ZIP	BURNABY CANADA V5G 3S8	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILCHRIST, SEAN M	
STREET ADDRESS	801 TEAS RD	
CITY-ST-ZIP	CONROE TX 77303	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRAY, PETER	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053-6693	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HARDIMAN, JOSEPH T	
STREET ADDRESS	801 TEAS RD	
CITY-ST-ZIP	CONROE TX 77303	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3205 WEST DAVIS, SUITE 200A	
CITY-ST-ZIP	CONROE, TX 77304	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED LIST	
STREET ADDRESS	OF ALL DIRECTORS AND OFFICERS	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3205 WEST DAVIS, SUITE 200A	
CITY-ST-ZIP	CONROE, TX 77304	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3205 WEST DAVIS, SUITE 200A	
CITY-ST-ZIP	CONROE, TX 77304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **SIGNATURE REQUIRED** Peter S. Hyndman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000 (604) 299-9321

Date Daytime Phone #

CR2E034 (9/99)