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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073059

1. Corporation Name
MEMORIAL SERVICES CORPORATION

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/97

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26 4126 NORLAND AVENUE
Suite, Apt. #, etc.
27
City & State
28 BURNABY, B.C.
Zip | Country
29 V5G 3S8 | 30 CANADA

4. FEI Number: 59-3465484 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT 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 **FL** | 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JEFFREY L. CASHNER		12 NAME		
STREET ADDRESS	801 TEAS ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	CONROE, TX 77303		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE MILLER		22 NAME		
STREET ADDRESS	3190 TREMONT AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	TREVOSE, PA 19053		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS KINZER		32 NAME		
STREET ADDRESS	160-1895 WEST COMMERCIAL BOULEVARD		33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		34 CITY-ST-ZIP		
TITLE	S/T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GREGORY K. ROLLINGS		42 NAME		
STREET ADDRESS	681 NORTH AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	JONESBORO, GA 30236		44 CITY-ST-ZIP		
TITLE	DAS	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PETER S. HYNDMAN		52 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		53 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	RAYMOND L. LOEWEN		62 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		63 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		64 CITY-ST-ZIP		

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***150.00

14. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PETER S. HYNDMAN 04/23/98 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)