

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 831941 (0)

1. Corporation Name
SERVICE AMERICA CORPORATION



Principal Place of Business: 100 FIRST STAMFORD PLACE, STAMFORD CT 06902, US
Mailing Address: 100 FIRST STAMFORD PLACE, STAMFORD CT 06902, US

3. Date Incorporated or Qualified: 03/04/1974
3a. Date of Last Report: 07/10/1995
4. FEI Number: 13-1939453
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 has liability for intangible tax under s. 199.03? Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and Zip Code (FL).

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: BC	NAME: BEEBY, ROBERT H	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 77 BEACHSIDE AVENUE	CITY-ST-ZIP: GREENSFARM CT	1.2 NAME:	
TITLE: VS	NAME: STEINMAYER, JANET L.	1.3 STREET ADDRESS:	
STREET ADDRESS: 7 NAWTHORNE ROAD	CITY-ST-ZIP: OLD GREENWICH CT	1.4 CITY-ST-ZIP:	
TITLE: V	NAME: FLYNN, JEFFREY R.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 73 FAR VIEW FARM ROAD	CITY-ST-ZIP: WEST REDDING CT	2.2 NAME:	
TITLE: V	NAME: HORVATH, GARY L.	2.3 STREET ADDRESS:	
STREET ADDRESS: 8 WAGON ROAD	CITY-ST-ZIP: BETHEL CT	2.4 CITY-ST-ZIP:	
TITLE: PD	NAME: DEE, JOHN T.	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 181 TURN OF RIVER ROAD, UNIT 12 E	CITY-ST-ZIP: STAMFORD CT	3.2 NAME:	
TITLE: TV	NAME: SARTORI, DOMINIC J.	3.3 STREET ADDRESS:	
STREET ADDRESS: 181 OLD KINGS HIGHWAY	CITY-ST-ZIP: DARIEN CT	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] DATE: 6/1/96 (203) 964-5000

CR2E034 (12/95)