

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 831941 (0)**

1. Corporation Name  
**SERVICE AMERICA CORPORATION**



Principal Place of Business <b>100 FIRST STAMFORD PLACE                  STAMFORD CT 06902                  US</b>	Mailing Address <b>100 FIRST STAMFORD PLACE                  STAMFORD CT 06902                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>300 First Stamford Pl.</b> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 <b>300 First Stamford Pl.</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>03/04/1974</b>	4. FEI Number <b>13-1939453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILFOY, LAWRENCE</b>	1.2 NAME
STREET ADDRESS	<b>20 ALWYN LANE</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>WESTON CT</b>	1.4 CITY-ST-ZIP
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMAYER, JANET L.</b>	2.2 NAME
STREET ADDRESS	<b>7 NAWTHORNE ROAD</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>OLD GREENWICH CT</b>	2.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINS, MICHAEL J.</b>	3.2 NAME
STREET ADDRESS	<b>619 FOX FIELDS ROAD</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>BRYN MAWR PA</b>	3.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAOLETTI, ROBERT A.</b>	4.2 NAME
STREET ADDRESS	<b>40 CERRETTA ST. #15</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>STAMFORD CT</b>	4.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEE, JOHN T</b>	5.2 NAME
STREET ADDRESS	<b>1539 KINROSS LANE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>KESWICK VA</b>	5.4 CITY-ST-ZIP
TITLE	<b>TV</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARTORI, DOMINIC J.</b>	6.2 NAME
STREET ADDRESS	<b>181 OLD KINGS HIGHWAY</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>DARIEN CT</b>	6.4 CITY-ST-ZIP

**Paoletti, Robert A.**  
**1 Oakdale Road**  
**Stamford, CT**

**Director**  
**Paul A. Street**  
**95 Tower Road**  
**Riverside, CT 06878**

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 **Michael J. Bartori** MAY 1, 1998

CR2E034 (10/97)