

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90068 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 831941**

1. Corporation Name  
**SERVICE AMERICA CORPORATION**



Principal Place of Business  
**300 FIRST STAMFOD PL  
 STAMFORD CT 06902  
 US**

Mailing Address  
**300 FIRST STAMFORD PL  
 STAMFORD CT 06902  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/04/1974**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

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		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KILFOY, LAWRENCE	
STREET ADDRESS	20 ALWYN LANE	
CITY-ST-ZIP	WESTON CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STEINMAYER, JANET L.	
STREET ADDRESS	7 NAWTHORNE ROAD	
CITY-ST-ZIP	OLD GREENWICH CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HIGGINS, MICHAEL J.	
STREET ADDRESS	619 FOX FIELDS ROAD	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAOLETTI, ROBERT A	
STREET ADDRESS	1 OAKDALE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEE, JOHN T	
STREET ADDRESS	1539 KINROSS LANE	
CITY-ST-ZIP	KESWICK VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STREET, PAUL A	
STREET ADDRESS	25 TOWER RD	
CITY-ST-ZIP	RIVERSIDE CT 06878	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: SIGNATURE Michael J Higgins  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (203) 475-5906  
 Date Daytime Phone #

CP2E93A (11/98)