

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90202 028 \*\*\*158.75

**DOCUMENT # 831941**

1. Entity Name  
**SERVICE AMERICA CORPORATION**

Principal Place of Business	Mailing Address
FIRST STAMFORD PL STAMFORD CT 06902	300 FIRST STAMFORD PL STAMFORD CT 06902-6765 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-1939453	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and effects 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

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth L. Fick	
STREET ADDRESS	201 E. Broad	
CITY-ST-ZIP	Sparksburg SC 29306	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David S. Blitzer	
STREET ADDRESS	345 Park Ave	
CITY-ST-ZIP	New York, NY 10154	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter F. Wallace	
STREET ADDRESS	345 Park Ave	
CITY-ST-ZIP	New York, NY 10154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Kenneth L. Fick **REQUIRED Treasurer** Date: 4/25/00 Daytime Phone #: (864) 598-8699

CR2E034 (9/99)