

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90053 027 ***158.75

DOCUMENT # 831941

1. Entity 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**

1 0 0 0 1

2. Principal Place of Business

201 East Broad St

Suite, Apt. #, etc.

3. Mailing Address

201 East Broad St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spartanburg, SC

City & State

Spartanburg, SC

4. FEI Number **13-1939453**

Applied For

Not Applicable

Zip

29306

Country

Spartanburg

Zip

29306

Country

Spartanburg

5. Certificate of Status Desired

\$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

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 _____ DATE _____

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when re-statating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 checked="" type="checkbox"/> Delete
NAME	HIGGINS, MICHAEL J.	
STREET ADDRESS	619 FOX FIELDS ROAD	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	V	<input checked="" 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	VT	<input type="checkbox"/> Delete
NAME	FRINK, KENNETH R	
STREET ADDRESS	201 E BRAND	
CITY-ST-ZIP	SPARTANBURG SC 29306	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLITZER, DAVID S	
STREET ADDRESS	345 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10154	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT. Frick, Kenneth R.	
STREET ADDRESS	201 E Broad	
CITY-ST-ZIP	Spartanburg, SC 29306	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blitzer, David	
STREET ADDRESS	345 Park Ave.	
CITY-ST-ZIP	New York, NY 10154	

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 R. Frick Kenneth R Frick 4-20-01 864-598-8699
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)