

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90154 034 ***158.75

NS1085 AT

DOCUMENT # 831941

1. Entity Name
SERVICE AMERICA CORPORATION

Principal Place of Business

**201 EAST BROAD ST
 SPARTANBURG SC 29306
 US**

Mailing Address

**201 EAST BROAD ST
 SPARTANBURG SC 29306
 US**



DO NOT WRITE IN THIS SPACE

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

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				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VS <input type="checkbox"/> Delete	TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAYER, JANET L.	NAME	Steinmayer, Janet L
STREET ADDRESS	7 NAWTHORNE ROAD	STREET ADDRESS	300 Stamford Plaza
CITY-ST-ZIP	OLD GREENWICH CT	CITY-ST-ZIP	Stamford, CT 06902
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE, JOHN T	NAME	Dee, John T
STREET ADDRESS	1539 KINROSS LANE	STREET ADDRESS	300 Stamford Plaza
CITY-ST-ZIP	KESWICK VA	CITY-ST-ZIP	Stamford, CT 06902
TITLE	VT <input type="checkbox"/> Delete	TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRINK, KENNETH R	NAME	Frick, Kenneth R.
STREET ADDRESS	201 E BRAND	STREET ADDRESS	201 E. Brand
CITY-ST-ZIP	SPARTANBURG SC 29306	CITY-ST-ZIP	Spartanburg, SC 29306
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITZER, DAVID	NAME	Blitzer, David
STREET ADDRESS	345 PARK AVE	STREET ADDRESS	345 Park Ave
CITY-ST-ZIP	NEW YORK NY 10154	CITY-ST-ZIP	New York, NY 10154
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 R. Frick **Kenneth R. Frick** 1-7-02 864-598-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)