2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

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Entity Name: NUTRITION SERVICES RESEARCH, INC.

Current Principal Place of Business:

3620 NW 114TH AVENUE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

3620 NW 114TH AVENUE
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-8552434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: VERET, AMALRIC
Address: 5EME AENUE-17EME RUE
City-St-Zip: BP556 CARROS, FR 06516 FR

Title: P
Name: VERET, AMALRIC
Address: 5EME AENUE-17EME RUE
City-St-Zip: BP556 CARROS, FR 06516 FR

Title: VCHR
Name: VERET, PATRICK
Address: 5EME AENUE-17EME RUE
City-St-Zip: BP556 CARROS, FR 06516 FR

Title: VP
Name: VERET, PATRICK
Address: 5EME AENUE-17EME RUE
City-St-Zip: BP556 CARROS, FR 06516 FR

Title: S
Name: GM, LAUSSEURE
Address: 3620 NW 114TH AVENUE
City-St-Zip: DORAL, FL 33178 US

Title: AS
Name: THORELLI, THOMAS
Address: 70 WEST MADISON STREET, SUITE 5750
City-St-Zip: CHICAGO, IL 60602 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS H. THORELLI AS 03/21/2011

Electronic Signature of Signing Officer or Director — Date