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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90034 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000869

1. Corporation Name
MBC NATIONAL SERVICE CORPORATION



Principal Place of Business ONE MAYNARD DRIVE PARK RIDGE NJ 07656 US	Mailing Address 3414 PEACHTREE ROAD N.E. SUITE 1400 ATLANTA GA 30326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6950 COLUMBIA GATEWAY DR Suite, Apt. #, etc. 22 SUITE 400 City & State 23 COLUMBIA MD Zip Country 24 21046 25 USA	2a. Mailing Address 26 6950 COLUMBIA GATEWAY DR Suite, Apt. #, etc. 27 SUITE 400 City & State 28 COLUMBIA MD Zip Country 29 21046 30 USA
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3. Date Incorporated or Qualified 02/21/1996	4. FEI Number 22-3423645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SANFORD, CHARLOTTE A. 3414 PEACHTREE ROAD N.E., SUITE 1400 ATLANTA GA 30326 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BEDENBAUGH, JAMES R. 3414 PEACHTREE ROAD N.E., SUITE 1400 ATLANTA GA 30326 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUZZELL, CHERIE 3414 PEACHTREE ROAD N.E., SUITE 1400 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAROFF, DENNIS J. 13736 RIVERPORT DRIVE, SUITE 400 MARYLAND HEIGHTS MO 63043 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUMMINGS, ANDREW M. 1 MAYNARD DRIVE PARK RIDGE NJ 07656 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	AS LANG, MARIAN 3414 PEACHTREE ROAD, NE, SUITE 1400 ATLANTA GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS CUMMINGS, ANDREW M 666 THIRD FLOOR - 5TH FLOOR NEW YORK NY 10017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AS ANCOSKY, MICHELLE H 3414 PEACHTREE ROAD, N.E., SUITE 1400 ATLANTA GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Michelle H. Ancosky **Michelle H. Ancosky** 4/9/99 (404) 891-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

345 016-700754
F96 000000869

MBC NATIONAL SERVICE CORPORATION

ADDITIONAL OFFICERS

NAME	TITLE	ADDRESS
Edward J. Christie	Senior Vice President Mid-Atlantic Region	3 Friends Lane, Suite 200 Newtown, PA 18940
Wayne E. Feest	Senior Vice President Central Region	3850 Priority Way South Drive, Suite 200 Indianapolis, IN 46250
Joel Kostin	Senior Vice President Southeast Region	3000 Aerial Center Parkway, Suite 120 Morrisville, NC 27560
Jim Van Halderen	Senior Vice President Western Region	7400 East Orchard, Suite 2500 Englewood, CO 80111