


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000005194 (2)
 1. Corporation Name
CARLISLE FOODSERVICE PRODUCTS, INCORPORATED

Principal Place of Business 250 S. CLINTON ST., STE. 201 SYRACUSE NY 13202	Mailing Address 250 S. CLINTON ST., STE. 201 SYRACUSE NY 13202
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/03/1997		4. FEI Number 31-1075965		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MUNN, STEPHEN P			1.2 NAME	DAVID M. SHANNON		
STREET ADDRESS	250 S. CLINTON ST., STE. 201			1.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201		
CITY-ST-ZIP	SYRACUSE NY 13202			1.4 CITY-ST-ZIP	SYRACUSE, NY 13202		
TITLE	DVT	<input type="checkbox"/> DELETE		2.1 TITLE	VJD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, DENNIS J			2.2 NAME	DENNIS J. HALL		
STREET ADDRESS	250 S. CLINTON ST., STE. 201			2.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201		
CITY-ST-ZIP	SYRACUSE NY 13202			2.4 CITY-ST-ZIP	SYRACUSE, NY 13202		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SJD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARMACEK, ROBERT K			3.2 NAME	STEVEN J. FORD		
STREET ADDRESS	250 S. CLINTON ST., STE. 201			3.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201		
CITY-ST-ZIP	SYRACUSE NY 13202			3.4 CITY-ST-ZIP	SYRACUSE, NY 13202		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORD, STEVEN J			4.2 NAME	ROBERT J. RYAN JR.		
STREET ADDRESS	250 S. CLINTON ST., STE. 201			4.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201		
CITY-ST-ZIP	SYRACUSE NY 13202			4.4 CITY-ST-ZIP	SYRACUSE, NY 13202		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *X S. Ford* 4/2/98 315-477-9133

CR2E034 (10/97)