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Secretary of State

03-03-1999 90123 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000005194**

1. Corporation Name
CARLISLE FOODSERVICE PRODUCTS, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 S. CLINTON ST., STE. 201 SYRACUSE NY 13202	Mailing Address 250 S. CLINTON ST., STE. 201 SYRACUSE NY 13202
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3. Date Incorporated or Qualified 10/03/1997	
4. FEI Number 31-1075965	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNN, STEPHEN P	
STREET ADDRESS	250 S. CLINTON ST., STE. 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DENNIS J	
STREET ADDRESS	250 S. CLINTON ST., STE. 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORD, STEVEN J.	
STREET ADDRESS	250 S. CLINTON ST., STE. 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RYAN, JR. R	
STREET ADDRESS	250 S. CLINTON ST., STE. 201	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID M. SHANNON	
1.3 STREET ADDRESS	250 S. CLINTON ST., STE 201	
1.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
2.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENNIS J. HALL	
2.3 STREET ADDRESS	250 S. CLINTON ST., STE 201	
2.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **X** *Steven J. Ford* **STEVEN J. FORD** 2/10/99 (315) 477-9133

CR2E034 (11/98)