

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90104 017 \*\*\*150.00

11-00000000

**DOCUMENT # F98000005032**  
 1. Entity Name  
**SYSCO FOOD SERVICES OF CENTRAL ALABAMA, INC.**

Principal Place of Business Mailing Address  
**1390 ENCLAVE PARKWAY 1390 ENCLAVE PARKWAY**  
**HOUSTON TX 77077 HOUSTON TX 77077**

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 **76-0527338** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<b>PD DICKSON, DAVID R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ONE HERMITAGE PLAZA</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE NAME	<b>CFOS CRAWFORD, G M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1000 SYSCO DRIVE</b>	
CITY-ST-ZIP	<b>CALERA AL 35040</b>	
TITLE NAME	<b>V NICHOLS, MICHAEL C</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1390 ENCLAVE PARKWAY</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77077</b>	
TITLE NAME	<b>T SANDERS, DIANE D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1390 ENCLAVE PARKWAY</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE NAME	<b>ASD BERKE, KENT R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1390 ENCLAVE PARKWAY</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE NAME	<b>AS BROOKS, CONNIE S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1390 ENCLAVE PARKWAY</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Please see attached list.</b>
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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: SIGNATURE OF CONNIE S. BROOKS *Connie S. Brooks* 04/03/02 281-584-1390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment # F9800000 5032/033334

FEIN: 76-0527338

Sysco Food Services of Central Alabama, Inc.

**OFFICERS: TITLE NAME MAILING ADDRESS**

President & CEO	David R. Dickson	9300 Highway 25, Calara, AL 35040
Executive Vice President	Wallace D. Ralph	1390 Enclave Parkway, Houston, TX 77077
CFO & Secretary	G. Michael Crawford	9300 Highway 25, Calara, AL 35040
Treasurer	Diane Day Sanders	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
Vice President & Assistant Secretary	Kent R. Berke	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Paula J. Bione	1390 Enclave Parkway, Houston, TX 77077
Assistant Treasurer	Kathy Oates	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Linda S. DeLeon	1390 Enclave Parkway, Houston, TX 77077

**DIRECTORS: TITLE NAME MAILING ADDRESS**

	Kent R. Berke	1390 Enclave Parkway, Houston, TX 77077
	O. Wayne Duncan	9300 Highway 25, Calara, AL 35040
	David R. Dickson	9300 Highway 25, Calara, AL 35040