

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2002 90104 027 \*\*\*150.00

**DOCUMENT # F99000004288**

**1. Entity Name**  
**BUCKHEAD BEEF COMPANY**

<b>Principal Place of Business</b> C/O SYSCO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON TX 77077-2099	<b>Mailing Address</b> C/O SYSCO CORPORATION 1390 ENCLAVE PARKWAY HOUSTON TX 77077-2099
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000044



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**      **76-0610905**      Applied For  
 Not Applicable

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

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

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

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

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.**            **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 STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NICHOLS, MICHAEL C</b> <b>1390 ENCLAVE PARKWAY</b> <b>HOUSTON TX 77077-2099</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Please see attached list.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>BERKE, KENT R</b> <b>1390 ENCLAVE PARKWAY</b> <b>HOUSTON TX 77077-2099</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANDERS, DIANE DAY</b> <b>1390 ENCLAVE PARKWAY</b> <b>HOUSTON TX 77077-2099</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALPEM, HOWARD I</b> <b>2194 MARIETTA BLVD.</b> <b>ATLANTA GA 30318</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>HALPEM, HOWARD I</b> <b>2194 MARIETTA BLVD.</b> <b>ATLANTA GA 30318</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANKFORD, THOMAS E</b> <b>2194 MARIETTA BLVD.</b> <b>ATLANTA GA 30318</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**      *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

# F99000004288/033324

FEIN: 76-0610905

**Buckhead Beef Company**

**OFFICERS: TITLE NAME MAILING ADDRESS**

President & CEO	Howard I. Halpern	2194 Marietta Boulevard NW, Atlanta, GA 30318
Ex. VP & COO	Kirk Halpern	2194 Marietta Boulevard NW, Atlanta, GA 30318
Vice President; CFO;		
Secretary	Clay Jordan	2194 Marietta Boulevard NW, Atlanta, GA 30318
Treasurer	Diane Day Sanders	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
VP & Assistant Secretary	Kent R. Berke	1390 Enclave Parkway, Houston, TX 77077
Assistant Treasurer	Kathy Oates	1390 Enclave Parkway, Houston, TX 77077

**DIRECTORS: TITLE NAME MAILING ADDRESS**

	Kent R. Berke	1390 Enclave Parkway, Houston, TX 77077
	Howard I. Halpern	2194 Marietta Boulevard NW, Atlanta, GA 30318
	Lawrence J. Accardi	1390 Enclave Parkway, Houston, TX 77077