

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006357

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CONVENIENCE FOOD SYSTEMS, INC.

**Current Principal Place of Business:**

8000 NORTH DALLAS PARKWAY  
FRISCO, TX 75034

**New Principal Place of Business:**

**Current Mailing Address:**

8000 NORTH DALLAS PARKWAY  
FRISCO, TX 75034

**New Mailing Address:**

FEI Number: 22-2977967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAYAT, TONY  
Address: 8000 NORTH DALLAS PARKWAY  
City-St-Zip: FRISCO, TX 75034

Title: SD ( ) Delete  
Name: LEE, JONATHAN  
Address: BEEKAKKER 11,5761 EN BAKEL  
City-St-Zip: THE NETHERLANDS,

Title: VPTD ( ) Delete  
Name: STRICKER, BRYON  
Address: 8000 NORTH DALLAS PARKWAY  
City-St-Zip: FRISCO, TX 75034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GREAVES, SIMON  
Address: 8000 NORTH DALLAS PARKWAY  
City-St-Zip: FRISCO, TX 75034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYON L. STRICKER

VPTD

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date