


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

0011439

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 JUN 16 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P03573**  
 1. Corporation Name  
**VOLUME SERVICES, INC.**

Principal Place of Business <b>201 EAST BROAD STREET SPARTANBURG SC 29306</b>	Mailing Address <b>201 EAST BROAD STREET SPARTANBURG SC 29306</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>10/03/1984</b>	
<b>4.</b> FEI Number <b>36-2786575</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> Zip Code

**FL**

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKADOW, RONALD R	1.2 NAME	John T. Dee
STREET ADDRESS	201 EAST BROAD STREET	1.3 STREET ADDRESS	300 First Stamford Place
CITY-ST-ZIP	SPARTANBURG SC 29306	1.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, HOWARD A	2.2 NAME	Janet L. Steinmayer
STREET ADDRESS	345 PARK AVENUE	2.3 STREET ADDRESS	300 First Stamford Place
CITY-ST-ZIP	NEW YORK NY 10154	2.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	700002912887 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, LAWRENCE A	3.2 NAME	-06/22/99--01035--012
STREET ADDRESS	201 EAST BROAD STREET	3.3 STREET ADDRESS	***558.75 ***558.75
CITY-ST-ZIP	SPARTANBURG SC 29306	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITZER, DAVID S	4.2 NAME	
STREET ADDRESS	345 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10154	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, KENNETH R	5.2 NAME	
STREET ADDRESS	201 EAST BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC 29306	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, with all other like empowered.

SIGNATURE: Kenneth R. Frick 5/24/99 (864) 598-8699

CR2E034 (11/98)

6/17/99