

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90202 002 ***158.75

DOCUMENT # P03573

1. Entity Name

VOLUME SERVICES, INC.

Principal Place of Business

Mailing Address

**EAST BROAD STREET
 SC 29306**

**201 EAST BROAD STREET
 SPARTANBURG SC 29306-3289**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2786575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, 2000 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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | DEE, JOHN T | |
| STREET ADDRESS | 300 FIRST STAMFORD PLACE | |
| CITY-ST-ZIP | STAMFORD CT 06902 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIPSON, HOWARD A | |
| STREET ADDRESS | 345 PARK AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10154 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | STEINMAYER, JANET L | |
| STREET ADDRESS | 300 FIRST STAMFORD PLACE | |
| CITY-ST-ZIP | STAMFORD CT 06902 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLITZER, DAVID S | |
| STREET ADDRESS | 345 PARK AVENUE | |
| CITY-ST-ZIP | NEW YORK NY 10154 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | FRICK, KENNETH R | |
| STREET ADDRESS | 201 EAST BROAD STREET | |
| CITY-ST-ZIP | SPARTANBURG SC 29306 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>D Peter F. Wallace</i> | |
| STREET ADDRESS | <i>125 Charles St</i> | |
| CITY-ST-ZIP | <i>New York, NY 10014</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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:

Thomas R. Fied **THOMAS R. FIED** Treasurer

4/25/00

(864) 598-8699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)