

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-3

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32068 (9)

1. Corporation Name

ALLIANT FOODSERVICE, INC.



Principal Place of Business

Mailing Address

ONE PARKWAY NORTH
DEERFIELD IL 60015
US

ONE PARKWAY NORTH
TAX DEPT. NF15
DEERFIELD IL 60015
US

3. Date Incorporated or Qualified
12/11/1990

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
36-3732339

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the applicable

607.1508 Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JAMES A.	
STREET ADDRESS	ONE PARKWAY NORTH	SEE ATTACHED LIST
CITY-ST-ZIP	DEERFIELD IL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SPEAR, KATHLEEN K	
STREET ADDRESS	THREE LAKES DR.	
CITY-ST-ZIP	NORTHFIELD IL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HERRMANN, RAYMOND J.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HERST, ROBERT L	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MOWRER, JOHN F.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BODDICKER, DARYL D.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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.

SIGNATURE:

J. G. Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

847-405-8917

CR2E034 (12/95)

Alliant Foodservice, Inc.**Officers**

James A. Miller - President
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

Don Civgin - Vice President & Treasurer
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

William G. Wolfe - Vice President - Tax & Assistant Treasurer
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

Joseph P. Tomczak - Vice President & Controller
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

Daryl D. Boddicker - Executive Vice President
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

William E. Beedie, III - Executive Vice President
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

Cathy C. Anderson - Vice President, General Counsel & Secretary
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

Jack A. Peterson - Executive Vice President, Chief Financial Officer
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015

George E. Arseneau - Senior Vice President, Human Resources
Alliant Foodservice, Inc.
1 Parkway North
Deerfield, IL 60015