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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P32068 (9)
1. Corporation Name
ALLIANT FOODSERVICE, INC.



Principal Place of Business: ONE PARKWAY NORTH DEERFIELD IL 60015 US
Mailing Address: ONE PARKWAY NORTH TAX DEPT. NF15 DEERFIELD IL 60015-2532 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 12/11/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 36-3732339
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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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: PD NAME: MILLER, JAMES A. STREET ADDRESS: ONE PARKWAY NORTH CITY-ST-ZIP: DEERFIELD IL	<input type="checkbox"/> DELETE	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: 60015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: SPEAR, KATHLEEN K STREET ADDRESS: THREE LAKES DR. CITY-ST-ZIP: NORTHFIELD IL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary 2.2 NAME: Cathy C. Anderson 2.3 STREET ADDRESS: One Parkway North 2.4 CITY-ST-ZIP: Deerfield, IL 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: HERRMANN, RAYMOND J. STREET ADDRESS: THREE LAKES DRIVE CITY-ST-ZIP: NORTHFIELD IL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Vice President 3.2 NAME: William G. Wolfe 3.3 STREET ADDRESS: One Parkway North 3.4 CITY-ST-ZIP: Deerfield, IL 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: HERST, ROBERT L STREET ADDRESS: THREE LAKES DRIVE CITY-ST-ZIP: NORTHFIELD IL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Treasurer 4.2 NAME: Don Civgin 4.3 STREET ADDRESS: One Parkway North 4.4 CITY-ST-ZIP: Deerfield, IL 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VCD NAME: MOWRER, JOHN F. STREET ADDRESS: THREE LAKES DRIVE CITY-ST-ZIP: NORTHFIELD IL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Controller 5.2 NAME: Joseph P. Tomczak 5.3 STREET ADDRESS: One Parkway North 5.4 CITY-ST-ZIP: Deerfield, IL 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BODDICKER, DARYL D. STREET ADDRESS: THREE LAKES DRIVE CITY-ST-ZIP: NORTHFIELD IL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: VP/CFO/Asst. Secretary 6.2 NAME: Jack A. Peterson 6.3 STREET ADDRESS: One Parkway North 6.4 CITY-ST-ZIP: Deerfield, IL 60015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: W. G. Wolfe - VP - TAXES 4/18/97 847-405-8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: William G. Wolfe Daytime Phone: 847-405-8917
0481280

CR2E034 (9/96)