

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90054 004 \*\*\*150.00

**DOCUMENT # P32068**

1. Entity Name

**ALLIANT FOODSERVICE, INC.**

Principal Place of Business <b>ONE PARKWAY NORTH DEERFIELD IL 60015 US</b>	Mailing Address <b>ONE PARKWAY NORTH TAX DEPT. NF15 DEERFIELD IL 60015-2532 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-3732339</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILLER, JAMES A. ONE PARKWAY NORTH DEERFIELD IL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO Earl L. Mason One Parkway North Deerfield, IL 60015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ANDERSON, CATHY C ONE PARKWAY NORTH DEERFIELD IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WOLFE, WILLIAM G ONE PARKWAY NORTH DEERFIELD IL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SPIEWAK, DAVE B ONE PARKWAY NORTH DEERFIELD IL 60015</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. &amp; Treasurer Andrew B. Szafran One Parkway North Deerfield, IL 60015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C TOMCZAK, JOSEPH P ONE PARKWAY NORTH DEERFIELD IL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO CASSIDY, DOUGLAS J ONE PARKWAY NORTH DEERFIELD IL 60015</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Andrew B. Szafran **4/10/00** **(847) 405-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February, 2000

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**Alliant Foodservice, Inc.**

**Officers**

Earl L. Mason – President & CEO

Alliant Foodservice, Inc.  
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195 North Harbor Dr., Apt. 2201  
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Cathy C. Anderson - Executive Vice President, General Counsel & Secretary  
Alliant Foodservice, Inc.

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Gwenda M. Burkhardt - Deputy General Counsel & Assistant Secretary  
Alliant Foodservice, Inc.

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Andrew B. Szafran – Vice President and Treasurer

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**Directors**

James W. Rogers - Chairman

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