

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90136 020 ***150.00

FORM 1002 41

DOCUMENT # P32068

1. Entity Name
ALLIANT FOODSERVICE, INC.

Principal Place of Business Mailing Address

ONE PARKWAY NORTH **ONE PARKWAY NORTH-D300**
DEERFIELD IL 60015 **DEERFIELD IL 60015**
US **US**



2. Principal Place of Business 3. Mailing Address

9755 PATUXENT WOODS DR **9755 PATUXENT WOODS DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

COLUMBIA, MARYLAND **COLUMBIA, MARYLAND**

Zip Country Zip Country

21046 **HOWARD** **21046** **HOWARD**

4. FEI Number Applied For

36-3732339 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROGERS, JAMES W 375 PARK AVE, 18TH FLR. NEW YORK NY 60015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, CATHY C ONE PARKWAY NORTH DEERFIELD IL 60015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZAFRAN, ANDREW B ONE PARKWAY NORTH DEERFIELD IL 60015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOASAT JAMES L. MILLER 9755 PATUXENT WOODS DRIVE, COLUMBIA MD 21046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS DAVID M. ABRAMSON 9755 PATUXENT WOODS DRIVE COLUMBIA, MARYLAND 21046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FAITH E. HARRISON .9755 PATUXENT WOODS DRIVE COLUMBIA, MARYLAND 21046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *FAITH E. HARRISON* **FAITH E. HARRISON** **JANUARY 14, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT SEC. Date Daytime Phone #

CR2E034 (9/01)

Attachment 824031
P32063


February 6, 2002

CERTIFIED MAIL
7001 1140 0001 0893 9655

Department of State
Division of Corporations
Uniform Business Reporting Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Alliant Foodservice, Inc.

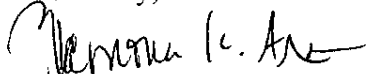
Dear Madam and Sir:

Enclosed for filing please find one original and one photocopy of The 2002 Uniform Business Report. Also enclosed is a check made payable to Department of State for \$150.00, the filing fee.

Please file the enclosed at your earliest convenience, date-stamp the photocopy of the Certificate indicate receipt of the foregoing materials and return it so stamped within the self-addressed, stamped envelope as provided for your convenience.

Should you have any questions, please do not hesitate to call me at (410) 312-7120.

Sincerely,


Ramona K. Arnwine
Corporate Paralegal

Enclosures