

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33098

FILED
Mar 11, 2011
Secretary of State

Entity Name: INSTITUTION FOOD HOUSE, INC.

Current Principal Place of Business:

543 12TH STREET DRIVE NW
HICKORY, NC 28601

New Principal Place of Business:

Current Mailing Address:

PO BOX 2947
HICKORY, NC 28603

New Mailing Address:

FEI Number: 56-0851105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: DAVIS, GERALD
Address: 543 12TH STREET DRIVE NW
City-St-Zip: HICKORY, NC 28601

Title: TDAS
Name: KNEDLIK, RONALD W
Address: 120 4TH ST SW
City-St-Zip: HICKORY, NC 28603

Title: VCD
Name: GEORGE, BOYD L
Address: 120 4TH ST SW
City-St-Zip: HICKORY, NC 28603

Title: D
Name: HATCHELL, DENNIS
Address: 120 4TH ST SW
City-St-Zip: HICKORY, NC 28603

Title: VPF
Name: GIBBS, EMELINE
Address: 543 12TH STREET DRIVE NW
City-St-Zip: HICKORY, NC 28601

Title: S
Name: ORGAIN, JOHN B
Address: 120 4TH STREET SW
City-St-Zip: HICKORY, NC 28603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMELINE GIBBS

VPF

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date