## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33098

Entity Name: INSTITUTION FOOD HOUSE, INC.

**Current Principal Place of Business:** 

543 12TH STREET DRIVE NW HICKORY. NC 28601

**Current Mailing Address:** 

12500 WEST CREEK PARKWAY RICHMOND, VA 23238 US

FEI Number: 56-0851105 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Officer/Director Detail:

Title CD Title PRESIDENT

Name HOSKINS, CRAIG Name SHOEMAKER, ERIC

Address 12500 WEST CREEK PARKWAY Address 12500 WEST CREEK PARKWAY

City-State-Zip: RICHMOND VA 23238 City-State-Zip: RICHMOND VA 23238

Title VPF Title VT

Name GIBBS, EMELINE Name HEARN, GEORGE P

Address 543 12TH STREET DRIVE NW Address 12500 WEST CREEK PARKWAY

City-State-Zip: HICKORY NC 28601 City-State-Zip: RICHMOND VA 23238

Title DCFO Title VP

Name HOPE, JAMES D Name CROWE, CHRISTOPHER N

Address 12500 WEST CREEK PARKWAY Address 12500 WEST CREEK PARKWAY

City-State-Zip: RICHMOND VA 23238 City-State-Zip: RICHMOND VA 23238

Title DS Title SVP

Name KING, A BRENT Name DAVIS, ERIKA T

Address 12500 WEST CREEK PARKWAY Address 12500 WEST CREEK PARKWAY

City-State-Zip: RICHMOND VA 23238 City-State-Zip: RICHMOND VA 23238

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: A. BRENT KING SECRETARY 04/08/2021

FILED Apr 08, 2021

**Secretary of State** 

2983385786CC

Date