

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 472111 ✓

1. Corporation Name

TOTAL FOOD SERVICE DIRECTION, INC.

Principal Place of Business

10482 NW 31 TERR
MIAMI FL 33172
US

Mailing Address

3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90023 046 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1975

4. FEI Number

59-1582583

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SPECTOR, RANDY B
STREET ADDRESS 6 BARN SWALLOW DROVE
CITY-ST-ZIP WESTPORT CT 06880

TITLE EVP ☒ DELETE
NAME BARNEY, ROBERT F
STREET ADDRESS 76 SEMINARY ST
CITY-ST-ZIP NEW CANAAN CT 06840

TITLE SD ☐ DELETE
NAME KEATS, ELLEN
STREET ADDRESS 42 PERKINS RD
CITY-ST-ZIP GREENWICH CT 06830

TITLE T ☒ DELETE
NAME JAMES, CATHERINE B
STREET ADDRESS TWO OAKWOOD LANE
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition
1.2 NAME Lawrence A. Hatch
1.3 STREET ADDRESS 3 Greenwich Office Park
1.4 CITY-ST-ZIP Greenwich CT 06831

2.1 TITLE EVP ☐ Change ☐ Addition
2.2 NAME Mark Sinkiss
2.3 STREET ADDRESS 3 Greenwich Office Park
2.4 CITY-ST-ZIP Greenwich CT 06831

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☐ Addition
4.2 NAME Karl H. Sadlanc
4.3 STREET ADDRESS 3 Greenwich Office Park
4.4 CITY-ST-ZIP Greenwich CT 06831

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99

Date

Daytime Phone #

CR2E034 (5/99)