FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **809119** **(1)**

1. Corporation Name
PACIFIC FOOD SERVICES OF AMERICA, INC.

Principal Place of Business	Mailing Address
4025 DELRIDGE WAY S.W. SEATTLE WA 98106	4025 DELRIDGE WAY S.W. STE. 500 SEATTLE WA 98106 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1952**
3a. Date of Last Report: **06/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **41-0826179** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	☐ Change ☐ Addition
NAME	WEIS, RICHARD J	12 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	13 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SPECHT, DENNIS J.	22 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	23 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STEWART, THOMAS	32 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	33 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, GREG M	42 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	43 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SNYDER, ERNEST A	52 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	53 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	TOOMEY, ROGER	62 NAME	
STREET ADDRESS	4025 DELRIDGE WAY SW	63 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I have not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: _____ 4/19/95 (206) 933-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis J. Specht VICE PRESIDENT/DIRECTOR

040215 FP