FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORA	TIONS		
DOCUI	MENT # 80911	9 (1)				
PACIF	FIC FOOD SERVICES OF AN	MERICA, INC.				
:						
Principal Place	of Rusinoss	Mailing Address	· · · · · · ·			ADIA 1811 ATAH ADAH ADAH ADAH ADAH ATAH ATAH
		4025 DELRIDGE WAY	C M/			
SEATTLE WA 98106		STE. 500	3.W.			
		SEATTLE WA 98106 US			3. Date Incorporated or Qualified	3a. Date of Last Report
					11/13/1952	04/27/1995
	ace of Business	2a. Mailing Address			4. FEI Number 41-0826179	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4170020179	Not Applicable
22	, , 410.	27			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	}	City & State	- 4		6. Election Campaign Financing	\$5.00 May Be
23	0	28	т—		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30 Cour	itry	8. This corporation has liability for Florida Statutes	r intangible tax under s 199.032, es
	9. Name and Address of Current		1901		10. Name and Address of New	
				81 Name		
CT CORPORATION SYSTEM			- -	82 Street	Address (P.O. Box Number is Not Accepte	able)
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			ļ.,	B3		
FLANTI	ATION FL 33324		Ľ			
			[B4 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the abov	e-named c	corporation submits this statement for the p	urpose of changing its registered office.
familiar wit	h, and accept the obligations of, Section	a. Such change was authorize on 607.0505, Florida Statutes.	a by the co	orporation s	s board of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE _	Signature: typed or printed name of registered agent a	and take if applicable.	E. Dooistand	Cook a cook	required when reinstaling)	
12.	OFFICERS AND		13.	gent signature		FICERS AND DIRECTORS IN 12
TITLE	PCEO	☐ DELETE	1 1 TIT	LE	PRESIDENT	Change Addition
NAME	WEIS, RICHARD J		1.2 NA	ME	THOMAS STALEY	
STREET ADDRESS	4025 DELRIDGE WAY SW SEATTLE WA			EET ADDRESS	10010 100	
CITY+ST-ZIP TITLE	VD VD	☐ DELETE	1.4 CiT 2 1 TiT	Y-ST-ZIP	SCATTLE WA	☐ Change ☐ Addition
NAME	SPECHT, DENNIS J.		2 2 NA			
STREET ADDRESS	4025 DELRIDGE WAY SW		2.3 STR	EET ADDRESS		
CITY - ST - ZIP	SEATTLE WA			Y-ST-ZIP		
TITLE	SD Stewart, Thomas	☐ DELETE	3.1717			Change
NAME STREET ADDRESS	4025 DELRIDGE WAY SW		3.2 NAM	AL REET ADDRESS		
CHTY-ST-ZIP	SEATTLE WA			r-ST-ZIP		
TITLE	1	☐ DELETE	4. 1 TiT			Change Add-tion
NAME	STEVENSON, GREG M		4.2 NAM	AE .		
STREET ADDRESS	4025 DELRIDGE WAY SW SEATTLE WA			EET ADDRESS		
CITY - S! - ZIP TITLE	V	☐ DELETE	5. 1 TIT	r-ST-ZIP LE		Change Addition
NAME	SNYDER, ERNEST A		5.2 NAM			C Arman C Manual
STREET ADDRESS	4025 DELRIDGE WAY SW			EET ADDRESS		
C-TY-ST-ZiP	SEATTLE WA			r-ST-ZIP		
TITLE	V TOOMEY, ROGER	DELETE	6 1 TIT			Change Addition
NAME STREET ADDRESS	4025 DELRIDGE WAY SW		62 NAM			
CITY - ST - ZIP	SEATTLE WA			EET ADDRESS (- ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reachts 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 inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND DIPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTO

VICE PRESIDENT / DIRECTOR

(206)983-5225