

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 822665

(6)

1. Corporation Name

SERVICE SYSTEMS CORPORATION

Principal Place of Business

**10400 FERNWOOD RD., #802
DEPT 924.13
BETHESDA MD 20817
US**

Mailing Address

**10400 FERNWOOD RD., #802
DEPT 924.13
BETHESDA MD 20817
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

16-0833815

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

2. Principal Place of Business

21 10400 FERNWOOD ROAD

Suite, Apt. #, etc.

22 DEPT. 924.13

City & State

23 BETHESDA, MD

Zip

24 20817

Country

25 US

2a. Mailing Address

26 10400 FERNWOOD ROAD

Suite, Apt. #, etc.

27 DEPT. 924.13

City & State

28 BETHESDA, MD

Zip

29 20817

Country

30 US

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83 SUITE 105
84 City TALLAHASSEE FL 85 Zip Code 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEIN, MICHAEL A
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	P
NAME	O'DELL, CHARLES D.
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	DV
NAME	WEST, STEPHEN A
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	S
NAME	MCGLOCKTON, JOAN RECTOR
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	T
NAME	MURPHY, RAYMOND G
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD
TITLE	S
NAME	BENZ, NANCY L
STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	JOSEPH RYAN	
1.3 STREET ADDRESS	10400 FERNWOOD ROAD	
1.4 CITY - ST - ZIP	BETHESDA, MD 20817	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	WILLIAM J. SHAW	
3.3 STREET ADDRESS	10400 FERNWOOD ROAD	
3.4 CITY - ST - ZIP	BETHESDA, MD 20817	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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 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:

Nancy L. Benz

Nancy L. Benz

4-12-95

301-300-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone