

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822665 (6)

1. Corporation Name

SERVICE SYSTEMS CORPORATION

Principal Place of Business

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA MD 20817
US

Mailing Address

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA MD 20817
US



3. Date Incorporated or Qualified

04/22/1969

3a. Date of Last Report

04/19/1995

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME
VD
RYAN, JOSEPH
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
P
O'DELL, CHARLES D.
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
D
SHAW, WILLIAM J.
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
S
MCGLOCKTON, JOAN RECTOR
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
T
MURPHY, RAYMOND G
STREET ADDRESS
10400 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
S
BENZ, NANCY L
STREET ADDRESS
104000 FERNWOOD ROAD
CITY-ST-ZIP
BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100001819961

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***200.00

AS

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

APR 24 1996

(301)380-3000

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96