

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856916 (2)

1. Corporation Name

SAGA EDUCATION FOOD SERVICE, INC.

Principal Place of Business

10400 FERNWOOD RD
DEPT 92413
BETHESDA MD 20058
US

Mailing Address

10400 FERNWOOD RD
DEPT 92413
BETHESDA MD 20058
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

20817

Country

Zip

20817

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1983

3a. Date of Last Report

04/19/1995

4. FEI Number

94-2896659

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

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 the registered agent, if the applicable

Both Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

5.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
AS
BENZ, NANCY L.
STREET ADDRESS
10400 FERNWOOD RD.
CITY-ST-ZIP
BETHESDA MD

6.1 TITLE ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 1996

(301)380-1233

CR2E034 (12/95)