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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 82413
BETHESDA MD 20817
US

Mailing Address
10400 FERNWOOD RD
DEPT 82413
BETHESDA MD 20817-1109
US

3. Date Incorporated or Qualified 05/25/1983
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 94-2896659	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P O'DELL, CHARLES D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD RD.	1.2 NAME	
STREET ADDRESS	BETHESDA MD	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	20817
TITLE	T MURPHY, RAYMOND G <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD RD	2.2 NAME	
STREET ADDRESS	BETHESDA MD	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	20817
TITLE	VD RYAN, JOSEPH <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD RD	3.2 NAME	
STREET ADDRESS	BETHESDA MD	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	20817
TITLE	S MCGLOCKTON, JOAN RECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD RD.	4.2 NAME	
STREET ADDRESS	BETHESDA MD	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	20817
TITLE	VD SHAW, WILLIAM J. <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD ROAD	5.2 NAME	
STREET ADDRESS	BETHESDA MD	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	20817
TITLE	AS BENZ, NANCY L. <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10400 FERNWOOD RD.	6.2 NAME	
STREET ADDRESS	BETHESDA MD	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	20817

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: APR 23 1997 DAYTIME PHONE: (301) 380-1233

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CR2E034 (9/96)