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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856916 (2)
1. Corporation Name
SAGA EDUCATION FOOD SERVICE, INC.

Principal Place of Business 10400 FERNWOOD RD DEPT 92413 BETHESDA MD 20817 US	Mailing Address 10400 FERNWOOD RD DEPT 92413 BETHESDA MD 20058 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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	NAME	1.1 TITLE	1.2 NAME
P	O'DELL, CHARLES D		
10400 FERNWOOD RD.			
BETHESDA MD			
T	MURPHY, RAYMOND G		
10400 FERNWOOD RD			
BETHESDA MD			
VD	RYAN, JOSEPH		
10400 FERNWOOD RD			
BETHESDA MD			
S	MCGLOCKTON, JOAN RECTOR		
10400 FERNWOOD RD.			
BETHESDA MD			
VD	SHAW, WILLIAM J.		
10400 FERNWOOD ROAD			
BETHESDA MD			
AS	BENZ, NANCY L.		
10400 FERNWOOD RD.			
BETHESDA MD			

14. I 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: *Nancy L. Benz* 2/2/98

CR2E034 (10/97)