FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

10400 FERNWOOD RD.

naun L. Bus

BETHESDA MD

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 856916 SAGA EDUCATION FOOD SERVICE, INC. Mailing Address Principal Place of Business 10400 FERNWOOD RD 10400 FERNWOOD RD **DEPT 92413 DEPT 924.13** BETHESDA MD 20817 DO NOT WRITE IN THIS SPACE BETHESDA MD 20058 HS 3. Date incorporated or Qualified 06/27/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 94-2896659 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intengible 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 105 **B3** TALLAHASSEE FL 32301 84 City 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. ime of respectioned aspect and third applicable (NOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE O'DELL, CHARLES D 12 NAME NAME 10400 FERNWOOD RD. STREET ADDRESS 1.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition THILE 21 THUE MURPHY, RAYMOND G NAME 2.2 NAME 10400 FERNWOOD RD STREET ADDRESS 2.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE. Addition 31 TITLE TITLE RYAN, JOSEPH NAME 3.2 NAME 10400 FERNWOOD RD 3.3 STREET ADDRESS STREET ADDRESS **BETHESDA MD** 3.4 City-St-ZiP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME MCGLOCKTON, JOAN RECTOR 4. 2 NAME 10400 FERNWOOD RD. STREET ADDRESS 4.3 STREET ADDRESS BETHESDA MD 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 51 TITLE TITLE SHAW, WILLIAM J. 5.2 NAME 10400 FERNWOOD ROAD STREET ADDRESS **5.3 STREET ADDRESS** BETHESDA MD CITY-ST-ZIP 5 4 CITY-ST-ZIP DELFTE Addition TITLE 6.1 TITLE BENZ, NANCY L NAME 6.2 NAME

6.3 STREET ADDRESS

2/2/93

4. Thereby certify that the information supplied with this fring 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 ardress.