

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 029 \*\*\*158.75

**DOCUMENT # 856916**

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 20817  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1983

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 owes the current year Intangible  
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 9801 Washingtonian Blvd

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 352

Suite, Apt. #, etc.

City & State

23 Gaithersburg, MD

Zip

24 20878

25 US

City & State

28 Buffalo, NY

Zip

29 14240

30 US

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

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	P	<input type="checkbox"/> DELETE
NAME	O'DELL, CHARLES D	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, RAYMOND G	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, JOSEPH	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN RECTOR	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BENZ, NANCY L.	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	9801 Washingtonian Blvd	
1.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vacant	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hyatt, Lawrence E.	
3.3 STREET ADDRESS	9801 Washingtonian Blvd	
3.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9801 Washingtonian Blvd	
4.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Landel, Michel	
5.3 STREET ADDRESS	9801 Washingtonian Blvd	
5.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Allen, Richard H.	
6.3 STREET ADDRESS	10 Earhart Drive	
6.4 CITY-ST-ZIP	Williamsville, NY 14221	

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, with all other like empowered.

SIGNATURE

*Richard H. Allen*

Richard H. Allen 4/12/99 (716)633-2222 x8376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)