

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003532

Entity Name: FOOD SERVICES, INC.

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

1801 W GLENDALE AVE  
MILWAUKEE, WI 53209

**New Principal Place of Business:**

**Current Mailing Address:**

1801 W GLENDALE AVE  
MILWAUKEE, WI 53209

**New Mailing Address:**

FEI Number: 39-1704679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTOFFELL, ROBERT  
313 SE 3RD STREET  
UNIT 207  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: STEWART, JOHN T  
Address: 130 SOUTH WATER STREET, UNIT 417  
City-St-Zip: MILWAUKEE, WI 53204

Title: DVT  
Name: STEWART, LYNN  
Address: 130 SOUTH WATER STREET, UNIT 417  
City-St-Zip: MILWAUKEE, WI 53204

Title: CFO  
Name: COOPER, TOM  
Address: W151 N10695 PRESERVE PKWY  
City-St-Zip: GERMANTOWN, WI 53022

Title: VP  
Name: IDSVVOOG, PAUL  
Address: 1520 RIDGE CT.  
City-St-Zip: WAUWATOSA, WI 53213

Title: VP  
Name: SONNENBERG, LYNN  
Address: 2928 E.PRINCETON AVE  
City-St-Zip: EAU CLAIRE, WI 54703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN STEWART

CEO

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date