

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90113 043 ***150.00

DOCUMENT # F00000006725

1. Entity Name
PRIMESOURCE FOODSERVICE EQUIPMENT, INC.



Principal Place of Business
**15301 DALLAS PARKWAY, #600
ADDISON TX 75001**

Mailing Address
**15301 DALLAS PARKWAY, #600
ADDISON TX 75001**

2. Principal Place of Business
1409 S. Lamar

3. Mailing Address
1409 S. Lamar

Suite, Apt. #, etc.
#1007

Suite, Apt. #, etc.
#1007

City & State
Dallas TX

City & State
Dallas TX

Zip Country
75215-1871 USA

Zip Country
75215-1871 USA

4. FEI Number
75-2892500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CARRIER, CHARLES E**
STREET ADDRESS **15301 DALLAS PARKWAY, #600**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **S/T**
NAME **JONES, LANGSTON**
STREET ADDRESS **15301 DALLAS PARKWAY, #600**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **D**
NAME **BLACK, ALBERT**
STREET ADDRESS **133 S. MADISON AVENUE**
CITY-ST-ZIP **DALLAS TX 75208**

TITLE **CEO**
NAME **JAMES, CHARLES H III**
STREET ADDRESS **15301 DALLAS PKWY #600**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **D**
NAME **MOORE, DAVID**
STREET ADDRESS **328-29 WEST 37TH PLACE**
CITY-ST-ZIP **CHICAGO IL 60609**

TITLE **VP**
NAME **JORGENSEN, SHANE**
STREET ADDRESS **15301 DALLAS PKWY #600**
CITY-ST-ZIP **ADDISON TX 75001**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Change**
NAME **1409 S. Lamar #1007**
STREET ADDRESS **Dallas TX 75215-1871**
CITY-ST-ZIP

TITLE **Change**
NAME **S/T & VP**
STREET ADDRESS **1409 S. Lamar #1007**
CITY-ST-ZIP **Dallas, TX 75215-1871**

TITLE **Change**
NAME **CEO**
STREET ADDRESS **MARK Prowell**
CITY-ST-ZIP **1409 S. Lamar #1007**

TITLE **Change**
NAME **1409 S. Lamar #1007**
STREET ADDRESS **Dallas, TX 75215-1871**
CITY-ST-ZIP

TITLE **Change**
NAME **VP/CEO**
STREET ADDRESS **Robert Boutin**
CITY-ST-ZIP **1409 S. Lamar #1007**

TITLE **Change**
NAME **1409 S. Lamar #1007**
STREET ADDRESS **Dallas, TX 75215-1871**
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

Daytime Phone #

CR2E034 (10/02)