

CT CORP

F02000000870

CORPORATION(S) NAME

Morrison Team Services, Inc.

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FILED
02 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 FEB 19 PM 12:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(5)

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|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS EX |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/19/02

Order#: 5132063

700004954617--2
-02/19/02--01042--028

Ref#: *****70.00 *****70.00

700004954617--2
-02/19/02--01042--029

Amount: \$ ***2300.00 ***2300.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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02 FEB 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Morrison Team Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-2536277
(FEI number, if applicable)
4. 2/28/2000
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 2/28/2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5801 Peachtree Dunwoody Road, Atlanta, GA 30342

(Current mailing address)
8. Food Service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

G T Corporation System

JOAN BOLDEN

(Registered agent's signature)

ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Glenn Davenport

Address: 5801 Peachtree Dunwoody Road

Atlanta, GA 30342

Director: K. Wyatt Engwall

Address: 5801 Peachtree Dunwoody Road

Atlanta, GA 30342

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Glenn Davenport

Address: 5801 Peachtree Dunwoody Road

Atlanta, GA 30342

Vice President: K. Wyatt Engwall

Address: 5801 Peachtree Dunwoody Road

Atlanta, GA 30342

Secretary: John E. Fountain

Address: 5801 Peachtree Dunwoody Road

Atlanta, GA 30342

Treasurer: See attached list for additional officers

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard J. Rossitch Assistant Secretary

(Typed or printed name and capacity of person signing application)

Officer Attachment

Morrison Team Services, Inc.

Anthony W. Mitchell- Controller
5801 Peachtree Dunwoody Road
Atlanta, GA 30342

Richard J. Rossitch-Assistant Secretary
2400 Yorkmont Road
Charlotte, NC 28217

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0009529
DATE INC/AUTH/FILED: 02/28/2002
JURISDICTION : GEORGIA
PRINT DATE : 02/15/2002
FORM NUMBER : 211

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 19 PM 2:00

FILED

CT CORPORATION SYSTEM
STEPHANIE JONES
1201 PEACHTREE STREET, N.E.
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

MORRISON TEAM SERVICES, INC.
A GEORGIA PROFIT CORPORATION

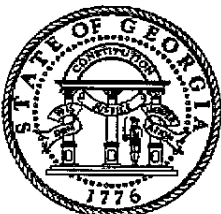
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020215164419329



Cathy Cox

Cathy Cox
Secretary of State