

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



*FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000679 (2)

1. Corporation Name
CULLINAIRE, INC.

Principal Place of Business
C/O FINE HOST CORP
3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

Mailing Address
C/O FINE HOST CORP
3 GREENWICH OFFICE PARK
GREENWICH CT 06831
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1992

4. FEI Number
04-2902046

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1208, 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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required for System Vicer President)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------|
| TITLE | P | DELETED |
| NAME | RICHARD E. KERLEY | |
| STREET ADDRESS | 52 GREY ROCKS RD | |
| CITY-STATE-ZIP | WILTON CT | |
| TITLE | EVP | DELETED |
| NAME | SPECTOR, RANDY B. | |
| STREET ADDRESS | 8 BARN SWALLOW DROVE | |
| CITY-STATE-ZIP | WESTPORT CT | |
| TITLE | TCFO | DELETED |
| NAME | NELSON BARBER | |
| STREET ADDRESS | 70 HAT SHOP HILL | |
| CITY-STATE-ZIP | BRIDGEWATER CT | |
| TITLE | S | DELETED |
| NAME | ELLEN KEATS | |
| STREET ADDRESS | 42 PERKINS RD | |
| CITY-STATE-ZIP | GREENWICH CT | |
| TITLE | PD | DELETED |
| NAME | KERLEY, RICHARD E | |
| STREET ADDRESS | 52 GREY ROCKS RD | |
| CITY-STATE-ZIP | WILTON CT | |
| TITLE | D | DELETED |
| NAME | ZIEGLER, RANDALL K | |
| STREET ADDRESS | 10 COPPER KETTLE RD | |
| CITY-STATE-ZIP | TRUMBULL CT | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|-------------------|----------------------|--------|----------|
| 11 TITLE | President | Change | Addition |
| 12 NAME | Gerald P. Buccino | | |
| 13 STREET ADDRESS | 58 Madi Court | | |
| 14 CITY-STATE-ZIP | Burr Ridge IL 60521 | | |
| 21 TITLE | Treasurer | Change | Addition |
| 22 NAME | Richard L. Hall | | |
| 23 STREET ADDRESS | 125 Steeple Chase Rd | | |
| 24 CITY-STATE-ZIP | Rocke MT 27804 | | |
| 31 TITLE | | Change | Addition |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-STATE-ZIP | | | |
| 41 TITLE | | Change | Addition |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-STATE-ZIP | | | |
| 51 TITLE | | Change | Addition |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-STATE-ZIP | | | |
| 61 TITLE | | Change | Addition |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 CITY-STATE-ZIP | | | |

REINSTATEMENT

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0112236

CR2E034 (5/98)