

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

000224

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 013 ***150.00

DOCUMENT # F93000002731

1. Corporation Name
DINE-A-MATE, INC.



Principal Place of Business
2125 BUTTERFIELD ROAD
TROY MI 48084
US

Mailing Address
6 SYLVAN WAY
LEGAL DEPARTMENT
PARISPPANY NJ 07054
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/09/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		16-1174450	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTKER, ALAN	1.2 NAME	
STREET ADDRESS	2125 BUTTERFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDON, RAYMOND	2.2 NAME	
STREET ADDRESS	455 COURT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY 13904	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIDSEY, JOHN	3.2 NAME	
STREET ADDRESS	707 SUMMER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	3.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLMER, JOHN H	4.2 NAME	KEVIN PETRY
STREET ADDRESS	707 SUMMER STREET	4.3 STREET ADDRESS	2125 BUTTERFIELD Road
CITY-ST-ZIP	STAMFORD CT 06901	4.4 CITY-ST-ZIP	TROY, MI 48084
TITLE	EVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENCHACA, ANTHONY L	5.2 NAME	MARIAN M. ROBERGE
STREET ADDRESS	707 SUMMER STREET	5.3 STREET ADDRESS	2125 Butterfield Rd
CITY-ST-ZIP	STAMFORD CT 06901	5.4 CITY-ST-ZIP	TROY, MI 48084
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M	6.2 NAME	
STREET ADDRESS	6 SYLVAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	6.4 CITY-ST-ZIP	

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: Ante Ruff Vice President, Tax 2/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)