

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000136 (1)

1. Corporation Name  
AMERISERV FOOD COMPANY

Principal Place of Business

17975 W SARAH LANE  
SUITE 100  
BROOKFIELD WI 53045  
US

Mailing Address

17975 W SARAH LANE  
SUITE 100  
BROOKFIELD WI 53045  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

75-2296149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 14841 Dallas Parkway

26 14841 Dallas Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Tax Department

City & State

City & State

23 Dallas, TX

28 Dallas, TX

Zip

Zip

Country

Country

24 75240

25 USA

29 75240

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

C  
NAME HOLTEN, JOHN V  
STREET ADDRESS 17975 W SARAH LANE  
CITY-ST-ZIP BROOKFIELD WI

1.2 NAME ☐ DELETE

S  
NAME ROGERS, DON  
STREET ADDRESS 17975 W SARAH LANE  
CITY-ST-ZIP BROOKFIELD WI

1.3 STREET ADDRESS ☐ DELETE

P  
NAME MARSHALL, RAYMOND  
STREET ADDRESS 17975 W SARAH LANE  
CITY-ST-ZIP BROOKFIELD WI

1.4 CITY-ST-ZIP ☐ DELETE

D  
NAME EVANS, JOHN R  
STREET ADDRESS 17975 W SARAH LANE  
CITY-ST-ZIP BROOKFIELD WI

1.5 CITY-ST-ZIP ☐ DELETE

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

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1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 CITY-ST-ZIP

6.6 CITY-ST-ZIP

6.7 CITY-ST-ZIP

6.8 CITY-ST-ZIP

6.9 CITY-ST-ZIP

6.10 CITY-ST-ZIP

6.11 CITY-ST-ZIP

6.12 CITY-ST-ZIP

6.13 CITY-ST-ZIP

6.14 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.

SIGNATURE:

*[Signature]* 4/27/98

04/27/98

972-338-7000

CR2E034 (10/97)