

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90248 010 \*\*\*150.00

0614767 AT

**DOCUMENT # F95000002152**

1. Entity Name

**AMERICAN FOODSERVICE DISTRIBUTORS COMPANY**

Principal Place of Business

**600 CITADEL DRIVE  
 COMMERCE CA 90040  
 US**

Mailing Address

**PO BOX 512377  
 LOS ANGELES CA 90051-0377  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-4297895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **ROEDER, ROSS**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **VTD** ☒ Delete  
 NAME **LYNCH, MARTIN A**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **VS** ☐ Delete  
 NAME **ALVARADO, DONALD G**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **VT** ☐ Delete  
 NAME **PHEENEY, RICHARD**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **V** ☐ Delete  
 NAME **SCHOFIELD, ROBERT**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
 NAME **COMBEST, JOHN**  
 STREET ADDRESS **600 CITADEL DRIVE**  
 CITY-ST-ZIP **COMMERCE, CA 90040**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SVP** ☒ Change ☐ Addition  
 NAME **PHEELEY, RICHARD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 my name appears in Block 11 or Block 12 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

**Richard N. Phegley**  
 Senior Vice President &  
 Chief Financial Officer

Date

Daytime Phone #

4/2/02 323/869-7514

CR2E034 (9/01)