

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90045 006 ***150.00

DOCUMENT # F98000005032 1. Entity Name SYSCO FOOD SERVICES OF CENTRAL ALABAMA, INC.					
Principal Place of Business 1000 SYSCO DRIVE CALERA, AL 35040			Mailing Address 1390 ENCLAVE PARKWAY HOUSTON, TX 77077		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40096295</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04162007 Chg-P CR2E034 (12/06) </div>	
City & State Zip		City & State Zip		4. FEI Number 76-0527338	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DICKSON, DAVID R ONE HERMITAGE PLAZA NASHVILLE, TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PLEASE SEE ATTACHED LIST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFOS CRAWFORD, G M 1000 SYSCO DRIVE CALERA, AL 35040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS BROOKS, CONNIE S 1390 ENCLAVE PARKWAY HOUSTON, TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Connie S. Brooks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			CONNIE S. BROOKS, ASSISTANT SECRETARY 281-584-1390 Date Daytime Phone #		

04/25/2007

FEIN: 76-0527338

Sysco Food Services of Central Alabama, Inc.

OFFICERS: TITLE NAME MAILING ADDRESS

President & CEO	David R. Dickson	1000 Sysco Drive, Calera, AL 35040
Executive Vice President	Wallace D. Ralph	1000 Sysco Drive, Calera, AL 35040
Vice President	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
Vice President & Secretary	Thomas P. Kurz	1390 Enclave Parkway, Houston, TX 77077
Treasurer	Kirk G. Drummond	1390 Enclave Parkway, Houston, TX 77077
Assistant Treasurer	Kathy Oates Gish	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Stephen P. Broderick	1390 Enclave Parkway, Houston, TX 77077
Assistant Secretary	Carrie P. Ryan	1390 Enclave Parkway, Houston, TX 77077

DIRECTORS: TITLE NAME MAILING ADDRESS

	Michael C. Nichols	1390 Enclave Parkway, Houston, TX 77077
	Stephen F. Smith	200 West Story Road, Ocoee, FL 34761-0130
	David R. Dickson	1000 Sysco Drive, Calera, AL 35040

ATTACHMENT
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