2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P00592 Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELI 02-04-2000 90070 046 ***150.00 Principal Place of Business Mailing Address 21 ARMORY DRIVE 21 ARMORY DRIVE WHEELING WV 26003 WHEELING WV 26003-6370 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 55-0584424 Not Applicable Zip . . _Country____ Country \$8.75 Additional 5.-Certificate of Status Desired . _ _ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. MEDICAL WEST SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Change ■ Addition ☐ Delete AGOSTINO, DOMINIC NAME NAME STREET ADORESS STREET ADDRESS 3 ARRONWOODS CITY-ST-ZIP CITY-ST-ZIP WHEELING WV ☐ Addition TITLE ☐ Delete TITLE Change DEL PIZZO, ROBERT C. JR NAME NAME STREET ADDRESS STREET ADDRESS 1150 DUFFIELD ST ·CITY-ST-ZIP --CITY-ST-ZIP PITTSBURGH PA Change ☐ Addition TITLE ☐ Delete TITLE SHELEK, DEBRA NAME NAME STREET ADDRESS STREET ADDRESS 18 FIR DRIVE CITY-ST-ZIP CITY-ST-ZtP TRIDELPHIA WV Delete TREASURER Change ☐ Addition TITLE TITLE WILLIAM R. GUSSETT 35950 S. 16 RD. NAME NAME RUGGIERO, RICHARD L. STREET ADDRESS STREET ADDRESS R.D. #2 BOX B CITY-ST-ZIP CITY-ST-ZIP BARNESVILLE 43713 BETHANY WV ☐ Delete TITLE Change ☐ Addition TITI F GRAHAM, CHARLES K. NAME NAME STREET ADDRESS STREET ADDRESS 44 BRIARWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP WHEELING WV ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME WEAVER, JAMES L. STREET ADDRESS STREET ADDRESS 95 GAEWOOD TERRACE CITY-ST-ZIP CITY-ST-ZIP WHEELING WV 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 that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

RE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR