## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P00592 1. Entity Name 04-02-2002 90916 026 \*\*\*150 00 ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELI NG. WV Principal Place of Business Mailing Address 21 ARMORY DRIVE 21 ARMORY DRIVE WHEELING WV 26003 WHEELING WV 26003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 55-0584424 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRESIDENT Delete TITLE Change Addition TITLE WAYNE BURKE NAME AGOSTINO, DOMINIC NAME BOX 117 RD 1 STREET ADDRESS 3 ARRONWOODS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHEELING, WV 26003 WHEELING WV VICE PRESIDENT É SECRETARY Addition TITLE ☑ Delete TITLE Change NAME NAME DOUGLAS HAILEY DEL PIZZO, ROBERT C. JR STREET ADDRESS STREET ADDRESS 1150 DUFFIELD ST MAGGIES WAY CITY-ST-ZIP WATER BURY CENTER CITY-ST-ZIP PITTSBURGH PA ☐ Change Addition TITLE Delete TITLE DIRECTOR J. DREXEL KNIGHT NAME NAME SHELEK, DEBRA 7301 PARKWAY DR. STREET ADDRESS STREET ADDRESS 18 FIR DRIVE CITY-ST-ZIP CITY-ST-ZIP HANOVER MD 21076 TRIDELPHIA WV DIRECTOR ☐ Change ☐ Addition Delete TITLE TITLE KNUTE C. ALBRECHT NAME NAME GUSSETT, WILLIAM R 950 WEST VALLEY ROAD STREET ADDRESS STREET ADDRESS 35950 S 16 RD CITY-ST-ZIP 19087 CITY-ST-ZIP BARNESVILLE OH 43713 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME GRAHAM, CHARLES K. STREET ADDRESS STREET ADDRESS 44 BRIARWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP WHEELING WV Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME HAZLETT, GEORGE STREET ADDRESS 7 ECHO POINT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WHEELING WV 26003 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 requirer 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 attaching in with an address, with an other like empowered.

SIGNATURE:

(9/01) **CR2E034**