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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07365** **(0)**

1. Corporate Name
SHAMROCK FOOD SERVICES, INC.

Principal Place of Business	Mailing Address
3055 PROSPERITY AVENUE FAIRFAX VA 22031-2290	3055 PROSPERITY AVENUE FAIRFAX VA 22031-2290

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. # or — 22:
Suite, Apt. # or — 27:
City & State — 23:
City & State — 28:
24: 25: 29: 30:

4. FEI Number: **52-0579174** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has paid, or arranged to pay under s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1908, 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 (If changing Registered Agent, Registered Agent must sign.) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	TITLE	☐ Change ☐ Addition
NAME	DIMEGLIO, S.J.	NAME	
STREET ADDRESS	%3055 PROSPERITY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	CITY-ST-ZIP	
TITLE	~~VTD~~	TITLE	EXECUTIVE VICE PRES./TREAS. ☒ Change ☐ Addition
NAME	GABRYS, G. T.	NAME	
STREET ADDRESS	%3055 PROSPERITY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	CITY-ST-ZIP	
TITLE	~~D~~	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	~~TOUPS, JOHN M.~~	NAME	JOHN G. CORCHINANO
STREET ADDRESS	~~%3055 PROSPERITY AVENUE~~	STREET ADDRESS	1600 NORTH OAK ST., #1825
CITY-ST-ZIP	~~FAIRFAX VA~~	CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	~~D~~	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	~~HARRISON, PATRICIA~~	NAME	RONALD T. HALLAGAN
STREET ADDRESS	~~%3055 PROSPERITY AVENUE~~	STREET ADDRESS	7917 WINDGATE DRIVE
CITY-ST-ZIP	~~FAIRFAX VA~~	CITY-ST-ZIP	GLENN DALE, MD 20769
TITLE	~~AS~~	TITLE	☒ Change ☐ Addition
NAME	~~STONE, BARBARA~~	NAME	
STREET ADDRESS	~~%3055 PROSPERITY AVENUE~~	STREET ADDRESS	
CITY-ST-ZIP	~~FAIRFAX VA~~	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	NORMANDEAU, ANDREW	NAME	
STREET ADDRESS	%3055 PROSPERITY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this report is complete and accurate. 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 above, or on an attachment with an address.

SIGNATURE: JOHN G. CORCHINANO DIRECTOR 5/1/95 (703) 849-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0397633 FP