

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P07365 (0)

1. Corporation Name
SHAMROCK FOOD SERVICES, INC.



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

Mailing Address
3055 PROSPERITY AVENUE
FAIRFAX VA 22031-2216

3. Date Incorporated or Qualified
09/10/1985

3a. Date of Last Report
05/01/1996

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME DIMEGLIO, S.J.
STREET ADDRESS %3055 PROSPERITY AVENUE
CITY-ST-ZIP FAIRFAX VA ☐ DELETE

1.1 TITLE CEO AND DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPT
NAME GABRYS, G. T.
STREET ADDRESS %3055 PROSPERITY AVENUE
CITY-ST-ZIP FAIRFAX VA ☐ DELETE

2.1 TITLE PRESIDENT/CHIEF OPERATING OFFICER/DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME CORCHARINO, JOHN G
STREET ADDRESS 1600 NORTH OAK ST #1825
CITY-ST-ZIP ARLINGTON VA ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME HALLAGAN, RONALD T
STREET ADDRESS 7917 WINDGATE DR
CITY-ST-ZIP GLENN DALE MD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME NORMANDEAU, ANDREW
STREET ADDRESS %3055 PROSPERITY AVENUE
CITY-ST-ZIP FAIRFAX VA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME C. JAY SLOAN, JR.
6.3 STREET ADDRESS 3055 PROSPERITY AVENUE
6.4 CITY-ST-ZIP FAIRFAX, VA 22031

14. I do 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 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, if changed, or on an attachment with an address.

SIGNATURE: Andrew A. Normandeau
ANDREW A. NORMANDEAU
SECRETARY
4/29/97

CR2E034 (9/96)