

5-4-98-B-6334-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P24798 (1)
1. Corporation Name
DAKA, INC.

Principal Place of Business

ONE CORPORATE PLACE
55 FERNOCROFT ROAD
DANVERS MA 01923

Mailing Address

ONE CORPORATE PLACE
55 FERNOCROFT ROAD
DANVERS MA 01923

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 2400 Yorkmont Rd | 26 2400 Yorkmont Rd | 3. Date Incorporated or Qualified 06/14/1989 | |
| Suite, Apt. #, etc. | | 4. FEI Number 04-2513279 | |
| 22 | 27 | Applied For Not Applicable | |
| City & State Charlotte NC | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 28217 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 28217 | 25 USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 28 28217 | 29 USA | 30 | |

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 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D MAXWELL, ALLEN R. 1 CORP./55 FERNOCROFT RD DANVERS MA | 1.1 TITLE | CEO + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Michael J. Bailey |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Charlotte NC 28217 |
| TITLE | VP PARKER, DAVID G. 1 CORP./55 FERNOCROFT RD DANVERS MA | 2.1 TITLE | President + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Steven M. Suboney |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Charlotte NC 28217 |
| TITLE | VPS REDEPENNING, CHARLES W. 1 CORP./55 FERNOCROFT RD DANVERS MA | 3.1 TITLE | CFO + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Gary R. Green |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Charlotte NC 28217 |
| TITLE | T MOORE, DONALD ONE CORPORATE PLACE, 55 FERNOCROFT RD. DANVERS MA | 4.1 TITLE | VP-Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | J. Kurt Kimball |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Charlotte NC 28217 |
| TITLE | P MAXWELL, ALLEN R. 1 CORP./55 FERNOCROFT RD DANVERS MA | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Gary Z. Zaup |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Charlotte NC 28217 |
| TITLE | AT HULLEY, MICHAEL ONE CORPORATE PL. 55 FERNOCROFT RD DANVERS MA | 6.1 TITLE | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | C. Phillip Wells |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2400 Yorkmont Rd |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Charlotte NC 28217 |

14. 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 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: C. Phillip Wells ASSISTANT SECRETARY

4/27/98 (10A) 329-4000

CR2E034 (10/97)