

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P26049** (7)
1. Corporation Name
CATERAIR INTERNATIONAL CORPORATION

95 FEB 21 AM 9:20

Principal Place of Business
**O/O THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON-DE-19801**

Mailing Address
**6550 ROCK SPRING DRIVE
ATTN: JENNIFER KOVAGE
BETHESDA MD 20817
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **6550 Rock Spring Drive**
Suite, Apt. #, etc.
22 **Bethesda, MD**
City & State
23
Zip **20817** Country **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **Attn: Gloria Glacken**
City & State
28
Zip **20817** Country **USA**

3. Date Incorporated or Qualified **09/15/1989**
3a. Date of Last Report **03/08/1994**

4. FEI Number **52-1640561**
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

24 **Gloria Glacken**
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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 based on certified name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALTOBELLO, DANIEL J.
STREET ADDRESS	9727 AVENEL FARM DRIVE
CITY-ST-ZIP	POTOMAC MD
TITLE	D
NAME	MALEK, FREDRICK V.
STREET ADDRESS	1259 CREST LANE
CITY-ST-ZIP	MCLEAN VA
TITLE	V
NAME	BIZZARO, ANGELO D.
STREET ADDRESS	22500 W. HARRIS ROAD
CITY-ST-ZIP	BARNESVILLE MD
TITLE	VP
NAME	WORKMAN, DAVID B.
STREET ADDRESS	8302 TURNBERRY COURT
CITY-ST-ZIP	POTOMAC MD
TITLE	VGC
NAME	THEURER, GARY L.
STREET ADDRESS	15005 SPRING MEADOWS DR.
CITY-ST-ZIP	GERMANTOWN MD
TITLE	VP
NAME	CARR, JOHN C.
STREET ADDRESS	1203 HIGHLANDS DRIVE
CITY-ST-ZIP	SILVER SPRINGS MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Senior Vice President
5.3 STREET ADDRESS	John C. Carr
5.4 CITY-ST-ZIP	1203 Highland Drive
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Michael J. DeSantis
6.4 CITY-ST-ZIP	3298 Arcadia Place, N.W.
	Washington, DC 20015

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for protection under Section 1702(a)(3), Florida Statutes. I further certify that the information included 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 trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or to be attached with an address.

SIGNATURE:  John C. Carr February 15, 1995 301-897-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)