

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26049** (7)

1. Corporation Name:
CATERAIR INTERNATIONAL CORPORATION



Principal Place of Business:

6550 ROCK SPRING DRIVE
ATTN: GLORIA GLACKEN
BETHESDA MA 20817
US

Mailing Address:

6550 ROCK SPRING DRIVE
ATTN: GLORIA GLACKEN
BETHESDA MD 20817
US

2. Principal Place of Business:

2a. Mailing Address:

21	26
Suite, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	attn: Donna Branscome City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current 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

3. Date incorporated or Qualified:	09/15/1989	3a. Date of Last Report:	02/21/1995
4. FEIN Number:	52-1640561	Applied For:	Not Applicable
5. Certificate of Status Desired:	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTOBELLO, DANIEL J.	1.2. NAME	
STREET ADDRESS	9727 AVENEL FARM DRIVE	1.3. STREET ADDRESS	
CITY, ST, ZIP	POTOMAC MD	1.4. CITY, ST, ZIP	
TITLE	D	2.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALEK, FREDRICK V.	2.2. NAME	
STREET ADDRESS	1259 CREST LANE	2.3. STREET ADDRESS	
CITY, ST, ZIP	MCLEAN VA	2.4. CITY, ST, ZIP	
TITLE	V	3.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZZARO, ANGELO D.	3.2. NAME	
STREET ADDRESS	22500 W. HARRIS ROAD	3.3. STREET ADDRESS	
CITY, ST, ZIP	BARNESVILLE MD	3.4. CITY, ST, ZIP	
TITLE	VP	4.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, DAVID B.	4.2. NAME	
STREET ADDRESS	8302 TURNBERRY COURT	4.3. STREET ADDRESS	
CITY, ST, ZIP	POTOMAC MD	4.4. CITY, ST, ZIP	
TITLE	SVP	5.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JOHN C	5.2. NAME	
STREET ADDRESS	1203 HIGHLAND DRIVE	5.3. STREET ADDRESS	
CITY, ST, ZIP	SILVER SPRING MD	5.4. CITY, ST, ZIP	
TITLE	VP	6.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, MICHAEL J	6.2. NAME	
STREET ADDRESS	3298 ARCADIA PLACE, NW	6.3. STREET ADDRESS	
CITY, ST, ZIP	WASHINGTON DC	6.4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this statement is true, correct and complete, for the purposes stated in Section 11 of this Act, Florida Statutes. I further certify that the information included on this statement is not a duplicate of information previously filed with the State of Florida 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 partner or trustee responsible for its management, and that I am duly qualified by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, in accordance with an address.

SIGNATURE: *John C. Carr* John C. Carr January 30, 1996 301/897-7902

CR2E034 (12/95)