

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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: DONNA BRANSCOME BETHESDA MD 20817 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1989

21. Principal Place of Business 524 E. Lamar Blvd.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Arlington, TX	24. City & State Suite, Apt. #, etc.
25. Zip 76011	26. Country USA

4. FEI Number 52-1640561	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<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	VPAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUCHE, TERRY W	2.2 NAME	
STREET ADDRESS	524 E LAMAR BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76011	2.4 CITY-ST-ZIP	
TITLE	VPAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATAS, THOMAS	3.2 NAME	
STREET ADDRESS	524 E LAMAR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76011	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLMAN, ANTHONY	4.2 NAME	
STREET ADDRESS	524 E LAMAR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76011	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

412-100 (10/17) 702-2122

CR2E034 (10/97)