

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90136 020 ***150.00

DOCUMENT # P32068

1. Entity Name
ALLIANT FOODSERVICE, INC.

Principal Place of Business

**ONE PARKWAY NORTH
 DEERFIELD IL 60015
 US**

Mailing Address

**ONE PARKWAY NORTH-D300
 DEERFIELD IL 60015
 US**

2. Principal Place of Business

**9755 PATUXENT WOODS DR
 Suite, Apt. #, etc.**

3. Mailing Address

9755 PATUXENT WOODS DR.

Suite, Apt. #, etc.

City & State

COLUMBIA, MARYLAND

City & State

COLUMBIA, MARYLAND

Zip

21046

Country

HOWARD

Zip

21046

Country

HOWARD

4. FEI Number

36-3732339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PCEO** ☒ Delete
 NAME **ROGERS, JAMES W**
 STREET ADDRESS **375 PARK AVE, 18TH FLR.**
 CITY-ST-ZIP **NEW YORK NY 60015**

TITLE **S** ☒ Delete
 NAME **ANDERSON, CATHY C**
 STREET ADDRESS **ONE PARKWAY NORTH**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE **T** ☒ Delete
 NAME **SZAFRAN, ANDREW B**
 STREET ADDRESS **ONE PARKWAY NORTH**
 CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEOASAT** ☐ Change ☒ Addition
 NAME **JAMES L. MILLER**
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE, COLUMBIA MD**
 CITY-ST-ZIP **21046**

TITLE **EVPS** ☐ Change ☒ Addition
 NAME **DAVID M. ABRAMSON**
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**
 CITY-ST-ZIP **COLUMBIA, MARYLAND 21046**

TITLE **AS** ☐ Change ☒ Addition
 NAME **FAITH E. HARRISON**
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**
 CITY-ST-ZIP **COLUMBIA, MARYLAND 21046**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Faith E. Harrison
FAITH E. HARRISON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

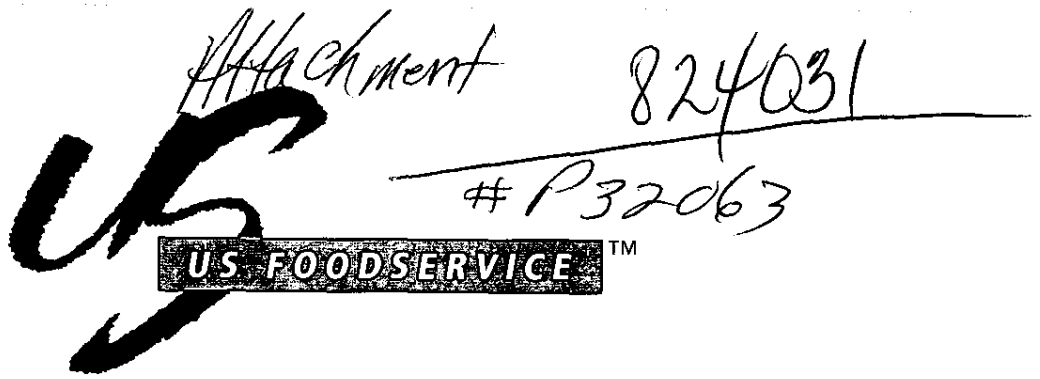
ASSISTANT SEC.

JANUARY 14, 2002

Date

Daytime Phone #

CR2E034 (9/01)



February 6, 2002

CERTIFIED MAIL
7001 1140 0001 0893 9655

Department of State
Division of Corporations
Uniform Business Reporting Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Alliant Foodservice, Inc.

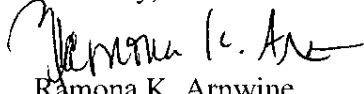
Dear Madam and Sir:

Enclosed for filing please find one original and one photocopy of The 2002 Uniform Business Report. Also enclosed is a check made payable to Department of State for \$150.00, the filing fee.

Please file the enclosed at your earliest convenience, date-stamp the photocopy of the Certificate indicate receipt of the foregoing materials and return it so stamped within the self-addressed, stamped envelope as provided for your convenience.

Should you have any questions, please do not hesitate to call me at (410) 312-7120.

Sincerely,


Ramona K. Arnwine
Corporate Paralegal

Enclosures