## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P33098

Entity Name: INSTITUTION FOOD HOUSE, INC.

FILED Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 543 12TH STREET DRIVE NW HICKORY, NC 28601 **Current Mailing Address: New Mailing Address:** PO BOX 2947 HICKORY, NC 28603 FEI Number: 56-0851105 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition STANSFIELD, DAVE Name: Name: 543 12TH STREET DRIVE NW Address: Address: City-St-Zip: HICKORY, NC 28601 City-St-Zip: STD Title: Title: () Delete (X) Change ( ) Addition KNEDLIK, RONALD W. Name: Name: KNEDLIK, RONALD W 120 4TH ST SW 120 4TH ST SW Address: Address: HICKORY, NC 28603 HICKORY, NC 28603 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: CD ( ) Delete Title: CD GEORGE, BOYD L. GEORGE, BOYD L Name: Name: 120 4TH ST SW/ 120 4TH ST SW Address: Address: City-St-Zip: HICKORY, NC 28603 City-St-Zip: HICKORY, NC 28603 Title: ( ) Delete Title: () Change () Addition HATCHELL, DENNIS Name: Name: Address: 120 4TH ST SW Address: City-St-Zip: HICKORY, NC 28603 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GIBBS, EMELINE Name: Name: 543 12TH STREET DRIVE NW Address: Address: City-St-Zip: HICKORY, NC 28601 City-St-Zip: Title: () Delete Title: CD ( ) Change (X) Addition Name: Name: DAVIS, GERALD 543 12TH STREET DRIVE NW Address: Address: City-St-Zip: City-St-Zip: HICKORY, NC 28601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMELINE GIBBS VPF 03/23/2009