

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90290 029 ***158.75

DOCUMENT # P97000056170

1. Entity Name

SYNDICATED FOOD SERVICE INTERNATIONAL, INC.



Principal Place of Business

**2859 PACES FERRY ROAD
SUITE 750
ATLANTA GA 30339**

Mailing Address

**2859 PACES FERRY ROAD
SUITE 750
ATLANTA GA 30339**

2. Principal Place of Business

3350 Riverwood Parkway

3. Mailing Address

3350 Riverwood Parkway

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State
Atlant, Georgia

City & State
Atlanta, Georgia

Zip
30339

Country
USA

Zip
30339

Country
USA

4. FEI Number

59-3479186

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | CEOP | <input type="checkbox"/> Delete |
| NAME | TANIS, THOMAS JR. | |
| STREET ADDRESS | 11830 WINDCREEK OVERLOOK | |
| CITY-ST-ZIP | ALPHARETTA GA 30005 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BEASLEY, CHARLES | |
| STREET ADDRESS | 4863 W. VERNAL PIKE | |
| CITY-ST-ZIP | BLOOMINGTON IN 47402 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TANIS, THOMAS J R. | |
| STREET ADDRESS | 11830 WINDCREEK OVERLOOK | |
| CITY-ST-ZIP | ALPHARETTA GA 30005 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEASLEY, CHARLES | |
| STREET ADDRESS | 4863 W. VERNAL PIKE | |
| CITY-ST-ZIP | BLOOMINGTON IN 47402 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRENEMAN, WILLIAM | |
| STREET ADDRESS | 3150 COMMONWEALTH AVENUE | |
| CITY-ST-ZIP | ALEXANDRIA VA 22305 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ronald W. Johnson | |
| STREET ADDRESS | 2400 N. Street, NW, 8th Floor | |
| CITY-ST-ZIP | Washington, D.C. 20037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John F. McCarthy, III | |
| STREET ADDRESS | 2400 N. Street, NW, 8th Floor | |
| CITY-ST-ZIP | Washington, D.C. 20037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | VP Finance, Controller, | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Principle Accounting Officer | |
| STREET ADDRESS | Barry L. Nogay | |
| CITY-ST-ZIP | 940 Lincoln Road, Suite 203 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas P. Tanis, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

540 635 9994

CR2E034 (10/02)