

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10935

FILED
Apr 02, 2010
Secretary of State

Entity Name: SODEXO MANAGEMENT, INC.

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240 US

New Mailing Address:

FEI Number: 16-0812661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: CHAVEL, GEORGE
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: VD
Name: WHITE, DEBRA
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: S
Name: ROBINS, SCOTT
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: VDAS
Name: STERN, ROBERT A
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: AS
Name: BROOKS, SCOTT
Address: 10 EARHART DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: T
Name: BLASS, MARC
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

I hereby 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 all other like empowered.

SIGNATURE: SCOTT BROOKS

AS

04/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date