

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10935

Entity Name: SODEXO MANAGEMENT, INC.

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240 US

FEI Number: 16-0812661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410 US

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

Officer/Director Detail :

Title PD
Name MISTRY, SAROSH
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title V
Name WOOLBRIGHT JACKSON, JENNIFER
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title S
Name MCGLOCKTON, JOAN
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title AS
Name BROOKS, SCOTT
Address 400 AIRBORNE PARKWAY
City-State-Zip: CHEEKTOWAGA NY 14225

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

Title DIRECTOR
Name VERDIER, DAMIAN
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR
Name PICCIRILLO, ANGELO
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title VP
Name MASON HALL, GERRI
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Continues on page 2

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: SUSAN WALTER

ASSISTANT SECRETARY 03/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name WALTER, SUSAN L
Address 400 AIRBORNE PARKWAY
City-State-Zip: CHEEKTOWAGA NY 14225

Title VP, DIRECTOR
Name RAMESH, MAHAL
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR
Name ROLLAND, MARC
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title ASST. TREASURER
Name BROCK, PAUL
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878

Title VP, ASST. SECRETARY
Name MORSE, THOMAS
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878