

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10935

**Entity Name:** SODEXO MANAGEMENT, INC.

**Current Principal Place of Business:**

915 MEETING STREET  
NORTH BETHESDA, MD 20852

**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.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

Title V  
Name WOOLBRIGHT JACKSON, JENNIFER  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

Title S  
Name MCGLOCKTON, JOAN  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

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

Title T, VP  
Name BLASS, MARC  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

Title DIRECTOR  
Name PICCIRILLO, ANGELO  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

Title ASST. SECRETARY  
Name SCHWEICKERT, ROBERT  
Address 400 AIRBORNE PARKWAY  
City-State-Zip: CHEEKTOWAGA NY 14225

Title ASST. TREASURER  
Name BROCK, PAUL  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

**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:** GREG STEELE

**ASSISTANT SECRETARY** 03/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name BAHETY, ROHIT  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852

Title VP, ASST. SECRETARY  
Name MORSE, THOMAS  
Address 915 MEETING STREET  
City-State-Zip: NORTH BETHESDA MD 20852