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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90135 027 ***158.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P10935**

1. Corporation Name
SODEXHO MARRIOTT MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10400 FERNWOOD RD
 BETHESDA MD 20817
 US**

Mailing Address
**10400 FERNWOOD ROAD
 DEPT. 924.13
 BETHESDA MD 20817**

3. Date Incorporated or Qualified
07/28/1986

4. FEI Number
16-0812661

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 9801 Washingtonian Blvd
 Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 352
 Suite, Apt. #, etc.

22 City & State
23 Gaithersburg, MD

27 City & State
28 Buffalo, NY

24 Zip **20878** 25 Country **US**
 29 Zip **14240** 30 Country **US**

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'DELL, CHARLES	
STREET ADDRESS	10803 CRIPPLEGATE ROAD	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J.	
STREET ADDRESS	21 BRIDLE COURT	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN R	
STREET ADDRESS	1409 SQUAW HILL LANE	
CITY-ST-ZIP	SILVER SPRINGS MD 20906	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, RAYMOND G	
STREET ADDRESS	14604 CARROLTON ROAD	
CITY-ST-ZIP	ROCKVILLE MD 20853	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, MICHAEL A	
STREET ADDRESS	9812 KENDALE ROAD	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BENZ, NANCY L	
STREET ADDRESS	9132 WILLOWGATE LANE	
CITY-ST-ZIP	BETHESDA MD 20817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	9801 Washingtonian Blvd	
1.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hya H, Lawrence E.	
2.3 STREET ADDRESS	9801 Washingtonian Blvd	
2.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	9801 Washingtonian Blvd	
3.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vacant	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Handel, Michel	
5.3 STREET ADDRESS	9801 Washingtonian Blvd	
5.4 CITY-ST-ZIP	Gaithersburg, MD 20878	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Allen, Richard H.	
6.3 STREET ADDRESS	10 Earhart Drive	
6.4 CITY-ST-ZIP	Williamsville, NY 14221	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard H. Allen Richard H. Allen 4/12/99 (716) 633-222 x837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)