

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30797

**Entity Name:** SAGE DINING SERVICES, INCORPORATED

**Current Principal Place of Business:**

1402 YORK ROAD  
LUTHERVILLE, MD 21093

**Current Mailing Address:**

1402 YORK ROAD  
LUTHERVILLE, MD 21093 US

**FEI Number:** 52-1689755

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            RODRIGUEZ, FRANCISCO  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            VP  
Name            SHORT, MAURICE  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            DIRECTOR, CFO, SECRETARY  
Name            RODRIGUEZ, CHRISTINA  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            VP  
Name            HESS, JON  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            COO  
Name            GALLO, MARCEL  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            VP  
Name            BENFIELD, MARK  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            VP  
Name            MOWERY, SCOTT  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title            VP  
Name            KAN, LYLE  
Address        1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

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*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 MOWERY

VP

04/08/2019

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name EVANS, TODD  
Address 1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093

Title VP  
Name POSENAU, JOHN  
Address 1402 YORK ROAD  
City-State-Zip: LUTHERVILLE MD 21093