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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 824715

1. Corporation Name
Sodexho Services, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/23/1970

4. FEI Number: 06-0839950 ☐ Applied For ☐ Not Applicable

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.
22
City & State
23 Gaithersburg, MD
Zip
24 20878 Country 25 US

2a. Mailing Address
26 P.O. Box 352
Suite, Apt. #, etc.
27
City & State
28 Buffalo, NY
Zip
29 14240 Country 30 US

9. Name and Address of Current Registered Agent

THE 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: Hutchinson, Richard STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	1.1 TITLE: P/D 1.2 NAME: O'Dell, Charles D. 1.3 STREET ADDRESS: 9801 Washingtonian Blvd 1.4 CITY-ST-ZIP: Gaithersburg, MD 20878	☐ Change ☒ Addition
TITLE: TD NAME: Totman, Hugh STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	2.1 TITLE: T 2.2 NAME: Vacant 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	☐ Change ☒ Addition
TITLE: D NAME: Simpson, Roderick STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	3.1 TITLE: S 3.2 NAME: McGlockton, Joan Rector 3.3 STREET ADDRESS: 9801 Washingtonian Blvd 3.4 CITY-ST-ZIP: Gaithersburg, MD 20878	☐ Change ☒ Addition
TITLE: S NAME: Reinsel, Robert STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	4.1 TITLE: VP 4.2 NAME: Landel, Michel 4.3 STREET ADDRESS: 9801 Washingtonian Blvd 4.4 CITY-ST-ZIP: Gaithersburg, MD 20878	☐ Change ☒ Addition
TITLE: V NAME: Purcell, Michael STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	5.1 TITLE: VP 5.2 NAME: Hyatt, Lawrence E. 5.3 STREET ADDRESS: 9801 Washingtonian Blvd 5.4 CITY-ST-ZIP: Gaithersburg, MD 20878	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	6.1 TITLE: AS 6.2 NAME: Allen, Richard H. 6.3 STREET ADDRESS: 10 Earhart Drive 6.4 CITY-ST-ZIP: Williamsville, NY 14221	☐ Change ☒ Addition

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)633-2222 X8371