


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90027 029 \*\*\*138.75

**DOCUMENT # M01000001866**

1. Entity Name  
**COMPASS TWO, LLC**



Principal Place of Business  
**2400 YORKMONT ROAD  
 CHARLOTTE, NC 28217**

Mailing Address  
**C/O TAX DEPT  
 2400 YORK MONT RD  
 CHARLOTTE, NC 28217**


2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

**00001130**



04202008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2256592** Applied For  
 Npt Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMPASS GROUP USA, INC. 2400 YORKMONT RD CHARLOTTE, NC 28217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**RECEIVED - TALLAHASSEE**  
**7 008 APR 24 AM 8:51**  
 DEPARTMENT OF STATE  
 COMMERCIAL SERVICES

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard J. Rossitch* **RICHARD J. ROSSITCH** **ASSISTANT SECRETARY** 4/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ATTACHMENT**  
600 37146  
**COMPASS TWO, LLC**  
**Corporate Data Sheet**

**Corporation Name:** Compass Two, LLC  
**Mailing address:** 2400 Yorkmont Road  
Charlotte, NC 28217

**Sole member:**  
Compass Group USA Inc.

**Authorized Signers:**  
Name

Office

Thomas G. Ondrof	President
C. Phillip Wells	Senior Vice President, General Counsel & Secretary
Gary Z. Zauf	Treasurer
Kristin E. Briotte	Assistant Secretary
Deborah K. Delano	Assistant Secretary-Tax
Richard J. Rossitch	Assistant Secretary
Nicole Tharrington	Assistant Secretary
Laurence B. Jones	Assistant Secretary

\* No Directors. This is a member-managed LLC with Compass Group USA, Inc. being the sole member.

101000001866