


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90021 012 \*\*\*\*50.00

DOCUMENT # M04000004782

1. Entity Name  
 RETAIL BRAND GROUP, LLC



Principal Place of Business  
 C/O SODEXHO///ATTN: LEGAL DEPARTMENT  
 9801 WASHINGTONIAN BLVD.  
 GAITHERSBURG, MD 20878

Mailing Address  
 C/O SODEXHO///ATTN: LEGAL DEPARTMENT  
 9801 WASHINGTONIAN BLVD.  
 GAITHERSBURG, MD 20878

20056289



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 352  
 Suite, Apt. #, etc.

04222005 Chg-LLC CR2E083 (10/03)

City & State  
 Buffalo, NY

City & State  
 Buffalo, NY

Zip Country  
 14240 USA

4. FEI Number  
 20-1779386

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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)

**Filing Fee is \$50.00 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SODEXHO OPERATIONS, LLC 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: Jeff Hunt JEFF HUNT VP FINANCE 4/25/05 610 706 3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #