

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001865

Entity Name: COMPASS ONE, LLC**Current Principal Place of Business:**2400 YORKMONT ROAD
CHARLOTTE, NC 28217**Current Mailing Address:**2400 YORKMONT ROAD
ATTN TAX DEPARTMENT
CHARLOTTE, NC 28217**FEI Number:** 56-2256673**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

Authorized Person(s) Detail :

Title SOLE MEMBER
Name COMPASS GROUP USA, INC.
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title PRESIDENT & CFO
Name MEREDITH, ADRIAN
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title SR VICE PRESIDENT AND
TREASURER
Name THOMAS, DANIEL
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title EXE VP, GENERAL COUNSEL &
SECRETARY
Name MCCONNELL, JENNIFER
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name BRIOTTE, KRISTEN
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name ROSSITCH, RICHARD
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MCCONNELLEXE VP, GENERAL
COUNSEL, AND
SECRETARY

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date