

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001866

**Entity Name:** COMPASS TWO, LLC

**Current Principal Place of Business:**

2400 YORKMONT ROAD  
C/O TAX DEPT  
CHARLOTTE, NC 28217

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC8647152694**

**Current Mailing Address:**

2400 YORKMONT ROAD  
C/O TAX DEPT  
CHARLOTTE, NC 28217

**FEI Number: 56-2256592**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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 RD  
City-State-Zip: CHARLOTTE NC 28217

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

Title           EXE VICE PRESIDENT  
Name           BROWN, C PALMER  
Address        2400 YORKMONT ROAD  
City-State-Zip: CHARLOTTE NC 28217

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

Title           ASST SECRETARY  
Name           DELANO, DEBORAH  
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: C PALMER BROWN**

**EXE VICE PRESIDENT**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date