

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002302

**Entity Name:** COMPASS LCS, LLC

**Current Principal Place of Business:**

2400 YORKMONT RD.  
C/O TAX DEPT  
CHARLOTTE, NC 28217

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC6417418260**

**Current Mailing Address:**

2400 YORKMONT RD.  
C/O TAX DEPT  
CHARLOTTE, NC 28217 US

**FEI Number: 27-0147289**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C/O TAX DEPT; 2400 YORKMONT ROAD  
City-State-Zip: CHARLOTTE NC 28217

Title CFO  
Name MEREDITH, ADRIAN  
Address 2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title EXECUTIVE VICE PRESIDENT  
Name BROWN, C PALMER  
Address 2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

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

Title ASSISTANT SECRETARY  
Name DELANO, DEBORAH  
Address 2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

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

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

Title PRESIDENT  
Name ALESSIO, PETER  
Address 2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

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*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**

**04/16/2018**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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