

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851236

**Entity Name:** SODEXO, INC.**Current Principal Place of Business:**9801 WASHINGTONIAN BLVD  
GAITHERSBURG, MD 20878**Current Mailing Address:**PO BOX 352  
BUFFALO, NY 14240 US**FEI Number:** 52-0936594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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**Officer/Director Detail :**

Title	PD
Name	CHAVEL, GEORGE
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	VPS
Name	ROBINS, SCOTT
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	P
Name	BUSH, JOHN
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	AS
Name	BROOKS, SCOTT
Address	10 EARHART DRIVE
City-State-Zip:	WILLIAMSVILLE NY 14221

Title	VPAS
Name	STERN, ROBERT A
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	T
Name	BLASS, MARC
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	VP
Name	JANNES, CHRIS
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

Title	VP
Name	RAMESH, MAHAL
Address	9801 WASHINGTONIAN BLVD
City-State-Zip:	GAITHERSBURG MD 20878

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SCOTT BROOKS**ASSISTANT SECRETARY** 03/21/2013\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name ENRIGHT, SUSAN  
Address 10 EARHART DRIVE  
City-State-Zip: WILLIAMSVILLE NY 14221

Title PRESIDENT  
Name NORRIS, MICHAEL  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title ASST. TREASURER  
Name BROCK, PAUL  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878