

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03573

Entity Name: VOLUME SERVICES, INC.

Current Principal Place of Business:

700 CANAL ST FL 1
STAMFORD, CT 06902

FILED
May 01, 2024
Secretary of State
1854837595CC

Current Mailing Address:

1 INDEPENDENCE POINTE
STE 305
GREENVILLE, SC 29615

FEI Number: 36-2786575

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

Officer/Director Detail :

Title CORPORATE SECRETARY
Name MCGLOCKTON, JOAN RECTOR
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title TREASURER, VICE PRESIDENT
Name BLASS, MARC
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title PRESIDENT AND CEO
Name OAKLEY, BELINDA
Address 700 CANAL ST FL 1
City-State-Zip: STAMFORD CT 06902

Title VICE PRESIDENT
Name MORSE, THOMAS
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VICE PRESIDENT
Name JACKSON, JENNIFER WOOLBRIGHT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name WRIGHT, PAMELA
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name STEELE, GREGORY
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT TREASURER
Name BROCK, PAUL
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

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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: JOAN MCGLOCKTON

SECRETARY

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, DIRECTOR
Name BAHETY, ROHIT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VICE PRESIDENT, DIRECTOR
Name MISTRY, SAROSH
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title DIRECTOR
Name PICCIRILLO, ANGELO
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name SCHWEICKERT, ROBERT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852