FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 824715

SODEXHO SERVICES, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-	ill 2003) 610 10	0(011 0101 0101	AF WIRTH NOOT
4 TREFOIL DRIVE TRUMBULL CT 08852-2189 US		P.O. BOX 1006 Trumbull Ct 06852-2189 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 06/23/1970			
2. Principal Place	of Business	2a. Mailing Address 26			4. FEI Number 06-0839950		· · · · ·	pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State	8			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Count 30			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	Name and Address of Current F	81	1.	10. Name and Address of New Re	gistered	Agent			
I THE THE THE CONTON ON TOTAL IN INC.					Name]
1201 HAYS STREET SUITE 105			62	Street Addres	ss (P.O. Box Number is Not Acceptat	ole)			
TALLAHASSEE FL 32301				83					
					City		FL	. '	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta					the corporatio	ration submits this statement for the parties of the parties of directors. I hereby acceptions	ourpose of pt the app	changing it ointment as	is registered registered
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS 13.				Agon	с віднасого генцияна	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	18 IN 12
	PO DELETE 1.1 TI		LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.10 / 11 42	Change	Addition	
NAME H	UTCHINSON, RICHARD		1.2 NAI	ME					
STREET ADDRESS 4	REET ADDRESS 4 TREFOIL DRIVE		13 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP TF	TOMBUL CT		1	1.4 DITY-ST-ZIP					
TITLE IL)	☐ DELETE 2.1 T			<u> </u>			Change	Addition
NAME TO	TOTMAN, HUGH 22N		2.2 NAI	ME					
STREET ADDRESS 30	4A1 WAVEDIV DD		23 STF	REET A	DDRESS				
CITY-ST-ZIP HI	AN INTINCTON OT		2. 4 CIT						
TITLE D			3.1 TITE					Change	Addition
NAME S	MPSON, RODERICK		3.2 NAI	ME				•	
	ENLEY HOUSE, KENLEY LANE		3.3 STR	REET AI	DDRESS				
CITY-ST-ZIP KE	ENLEY SURREY EN		3.4. CIT	Y-\$T-	- ZIP				
TITLE \$		DELETE	4.1 T)T(Æ				☐ Change	☐ Addition
	EINSEL, ROBERT		4. 2 NA	ME					
	TREFOIL DRIVE		4.3 STR	EET AE	DDRESS				i
CITY-ST-ZIP	RUMBULL CT 08811		4.4 CIT	Y-ST-	ZIP				
TITLE V		☐ DELE TE	5.1 THTLE					Change	Addition
	JRCELL, MICHAEL		5.2 NAA	AE.					
- 11.021 1 - 1.000 ·	TREFOIL DRIVE		5.3 STR	EET AI	DDRESS				
CITY-ST-ZIP TR	RUMBULL CT 06611		5.4 CIT	Y-ST-	ZIP	·			
TITLE		☐ DELETE	6.1 TITL	.E				☐ Change	Addition
NAME		•	6.2 NAM	AE.					
STREET ADDRESS			6.3 STR	EET AC	DDRESS				
CITY-ST-ZIP	-		6.4 CITS	/-ST-	ZIP				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport of supplymental annual report is true and accurate and that my 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 in Block 12 or Block 13 if change fillor on an attachment with an address.