

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 021 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 851236**

1. Corporation Name  
**SODEXHO MARRIOTT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~10400 FERNWOOD~~  
~~DEPT 92413~~  
~~BETHESDA MD 20817~~  
~~US~~

Mailing Address  
~~10400 FERNWOOD RD~~  
~~STE 92413~~  
~~BETHESDA MD 20817~~  
~~US~~

3. Date Incorporated or Qualified  
**12/08/1981**

2. Principal Place of Business  
**21 9801 Washingtonian Blvd**

2a. Mailing Address  
**26 P.O. Box 352**

4. FEI Number  
**52-0936594**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State  
**23 Gaithersburg, MD**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 City & State  
**28 Buffalo, NY**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip **20878** 25 Country **US**

29 Zip **14240** 30 Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET SUITE 105**  
**TALLAHASSEE FL 32301**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRIOTT, J W J	1.2 NAME O'Dell, Charles D.
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP Gaithersburg MD 20878
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOCKTON, JOAN RECTOR	2.2 NAME
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD 20817	2.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RAYMOND G	3.2 NAME Vacant
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JOSEPH	4.2 NAME Hyatt, Lawrence E.
STREET ADDRESS	10400 FERNWOOD ROAD	4.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANT, JEFF	5.2 NAME Allen, Richard H.
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS 10 Earhart Drive
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP Williamsville, NY 14221
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRIOT, RICHARD	6.2 NAME Landel, Michel
STREET ADDRESS	10400 FERNWOOD RD	6.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD 20817	6.4 CITY-ST-ZIP Gaithersburg, MD 20878

14. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard H. Allen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard H. Allen** Date **4/12/99** Daytime Phone # **(716) 633-2222**

CR2E034 (1/198)

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