the obligations of registered agent.

ROSSITCH, RICHARD J

CHARLOTTE, NC 28217

ps

2400 YORKMONT RD

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE: ___

CITY-ST-ZIP

rang g-nn am

DATE

Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT						Secretary of State				
DOCUMENT # F0400002355 1. Entity Name BON APPETIT MANAGEMENT CO.					04-24-2008 90119 015 ***150.00					
Principal Place of Busi	ness	Mailing Address			400000-					
100 HAMILTON AVENUE, SUITE 300 PALO ALTO, CA 94301		C/O TAX DEPT 2400 YORKMONT RD CHARLOTTE, NC 28217				 	IKII Ta in atifa ka			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Number 94-3039			Applied For Not Applicable			
Zip	Country	Zip	Cour	5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
C T COPPORATI	ON CYCTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)							
				City			FL	Zip Code		

8. 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. I am familiar with, and accept

(NOTE: Registered Agent signature required when revisitating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ONDROF, THOMAS G 2400 YORKMONT ROAD CHARLOTTE, NC 28217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
HITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARER, ANTHONY G 2400 YORKMONT ROAD CHARLOTTE, NC 28217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADURESS CITY-ST-ZIP	CFO BALDWIN, ELIZABETH 100 HAMILTON ANENUE PALO ALTO, CA 94301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	- Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BAUCCIO, FEDELE R 1611 TOULON COURT SAN JOSE, CA 95138	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	COO BAUCCIO, MICHAEL 100 HAMILTON AVE PALO ALTO, CA 94301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
ÎITLE	AS	☐ Delete	TITLE			Change	Addition		

NAME

STREET ADDRESS

CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.