FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **F95000000462 (0)**

1. Corporation Name

~~CANTEEN CORPORATION~~
Compass Group USA, INC.

Principal Place of Business	Mailing Address
203 EAST MAIN STREET SPARTANBURG SC 29319	203 EAST MAIN STREET SPARTANBURG SC 29319

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2400 Yorkmont Rd	26 2400 Yorkmont Rd
22 Suite, Apt. #, etc. Tax Dept.	27 Suite, Apt. #, etc. Tax Dept.
23 City & State Charlotte NC	28 City & State Charlotte NC
24 Zip 28217 25 Country USA	29 Zip 28217 30 Country USA

4. FEI Number: 56-1874931 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	APRILE, JOSEPH A		1.2 NAME		
STREET ADDRESS	5423 DUNEDIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	CEOD,	☐ DELETE	2.1 TITLE	CFO, Director	☒ Change ☐ Addition
NAME	GREEN, GARY R		2.2 NAME		
STREET ADDRESS	5307 MIRABELL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, JAMES A		3.2 NAME		
STREET ADDRESS	4012 SHEPHERDLESS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	President, CEO + Dir	☒ Change ☐ Addition
NAME	BAILEY, MICHAEL J		4.2 NAME		
STREET ADDRESS	18825 COVESIDE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTERSVILLE NC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, FRANCIS		5.2 NAME		
STREET ADDRESS	RUSTWALL HOUSE LANGTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, ROGER J		6.2 NAME		
STREET ADDRESS	HOLME PLACE KINGSWOOD RISE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jonn R. Mortham - VP — 4/15/96 — 704 329-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #