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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000000462 (0)**

1. Corporation Name
COMPASS GROUP USA, INC.

Principal Place of Business	Mailing Address
2400 YORKMONT RD TAX DEPT. CHARLOTTE NC 28217 US	2400 YORKMONT RD TAX DEPT. CHARLOTTE NC 28217 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CFOD	☐ DELETE	1.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	GREEN, GARY R		1.2 NAME	C. Phillip Wells	
STREET ADDRESS	5307 MIRABELL ROAD		1.3 STREET ADDRESS	2400 Yorkmont Road	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	Charlotte NC 28217	
TITLE	VS	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	MARSHALL, JAMES A		2.2 NAME	J. Kurt Kimball	
STREET ADDRESS	2400 YORKMONT RD		2.3 STREET ADDRESS	2400 Yorkmont Road	
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP	Charlotte NC 28217	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, MICHAEL J		3.2 NAME		
STREET ADDRESS	18825 COVESIDE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTERSVILLE NC		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, FRANCIS		4.2 NAME		
STREET ADDRESS	RUSTWALL HOUSE LANGTON ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, ROGER J		5.2 NAME		
STREET ADDRESS	HOLME PLACE KINGSWOOD RISE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: C. Phillip Wells ASSISTANT SECRETARY 4/27/98