

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-21-1999 90009 047 ***150.00

DOCUMENT # F95000000462

1. Corporation Name
COMPASS GROUP USA, INC.



Principal Place of Business

2400 YORKMONT RD
TAX DEPT.
CHARLOTTE NC 28217
US

Mailing Address

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 ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFOD ☐ DELETE
NAME GREEN, GARY R
STREET ADDRESS 5307 MIRABELL ROAD
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS ☐ DELETE
NAME WELLS, PHILLIP C
STREET ADDRESS 2400 YORKMONT ROAD
CITY-ST-ZIP CHARLOTTE NC 28217

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME BAILEY, MICHAEL J
STREET ADDRESS 18825 COVESIDE LANE
CITY-ST-ZIP HUNTERVILLE NC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME MACKEY, FRANCIS
STREET ADDRESS RUSTWALL HOUSE LANGTON ROAD
CITY-ST-ZIP ENGLAND

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME MATTHEWS, ROGER J
STREET ADDRESS HOLME PLACE KINGSWOOD RISE
CITY-ST-ZIP ENGLAND

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VP ☐ DELETE
NAME KIMBALL, KURT J
STREET ADDRESS 2400 YORKMONT ROAD
CITY-ST-ZIP CHARLOTTE NC 28217

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

C. Phillip Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (704) 324-7708
Date Daytime Phone #

CR2E034 (11/98)