

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90193 034 \*\*\*150.00

**DOCUMENT # F95000000462**  
 1. Entity Name  
**COMPASS GROUP USA, INC.**



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

Mailing Address  
 C/O TAX DEPT.  
 2400 YORKMONT RD.  
 CHARLOTTE NC 28217  
 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
 City & State

4. FEI Number **56-1874931**  
 Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 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 the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>GREEN, GARY R<br>5307 MIRABELL ROAD<br>CHARLOTTE NC <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>WELLS, PHILLIP C<br>2400 YORKMONT ROAD<br>CHARLOTTE NC 28217 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFOS<br>ONDROF, THOMAS G<br>2400 YORKMONT RD<br>CHARLOTTE NC 28217 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>THARRINGTON, NICOLE<br>2400 YORKMONT RD.<br>CHARLOTTE NC 28217 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ROSSITCH, RICHARD J<br>2400 YORKMONT ROAD<br>CHARLOTTE NC 28217 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>DELANG, DEBORAH K<br>2400 YORKMONT ROAD<br>CHARLOTTE NC 28217 <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SrV Gen Counsel + Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CFO, EXEC VP + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Delano, Deborah K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: C. Phillip Wells C. Phillip Wells 4.11.06 704-328-7708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40055091

#F95000000462

COMPASS GROUP USA, INC OFFICERS/DIRECTORS

| Name/Title  | Business Address                          |
|---|---|
| Gary R. Green<br>President and Chief Executive Officer  | 2400 Yorkmont Road<br>Charlotte NC 28217  |
| Thomas G. Ondrof<br>Chief Financial Officer and Executive<br>Vice President, Commercial Development<br>Director | 2400 Yorkmont Road<br>Charlotte NC 28217  |
| Antony G. Shearer<br>Director   | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| Gary Z. Zauf<br>Treasurer   | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| Kristin E. Briotte<br>Assistant Secretary   | 3 International Dr<br>Rye Brook, NY 10573 |
| Deborah K. Delano<br>Assistant Secretary-Tax  | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| Richard J. Rossitch<br>Assistant Secretary  | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| Nicole Tharrington<br>Assistant Secretary   | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| C. Phillip Wells<br>Sr VP, General Counsel and Secretary<br>Director  | 2400 Yorkmont Road<br>Charlotte, NC 28217 |
| Laurence B. Jones<br>Assistant Secretary  | 3 International Dr<br>Rye Brook, NY 10573 |