2008 LIMITED LIABILITY COMPANY

Mar 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M00000002723** 03-17-2008 90261 012 ***138.75 1. Entity Name SDH SERVICES WEST, LLC Principal Place of Business Mailing Address 60015189 PO BOX 352 9801 WASHINGTONIAN BLVD. BUFFALO, NY 14240 GAITHERSBURG, MD 20878 02272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2282035 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required = 6.-Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE SODEXHO AMERICA, LLC NAME STREET ADDRESS 9801 WASHINGTONIAN BLVD. CITY-ST-ZIP GAITHERSBURG, MD 20878 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS

11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED