

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000012

1. Entity Name
SDH EDUCATION WEST, LLC



Principal Place of Business
**9801 WASHINGTONIAN BLVD.
GAITHERSBURG, MD 20878**

Mailing Address
**P.O. BOX 352
BUFFALO, NY 14240**



03072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2282038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SODEXHO AMERICA, LLC
STREET ADDRESS	9801 WASHINGTONIAN BLVD
CITY-STATE-ZIP	GAITHERSBURG, MD 20878
TITLE	P
NAME	MACEDONIA, RICHARD
STREET ADDRESS	9801 WASHINGTONIAN BLVD
CITY-STATE-ZIP	GAITHERSBURG, MD 20878
TITLE	VP
NAME	STERN, ROBERT A.
STREET ADDRESS	9801 WASHINGTONIAN BLVD
CITY-STATE-ZIP	GAITHERSBURG, MD 20878
TITLE	S
NAME	ROBINS, SCOTT
STREET ADDRESS	9801 WASHINGTONIAN BLVD
CITY-STATE-ZIP	GAITHERSBURG, MD 20878
TITLE	AS
NAME	ALLEN, RICHARD H
STREET ADDRESS	10 EARHART DR
CITY-STATE-ZIP	BUFFALO, NY 14221
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000471598
03/29/06-80002-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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 I 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.

SIGNATURE

Richard H. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/06

Date

866-372-8291

Daytime Phone #