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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90135 028 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P02041

1. Corporation Name
SODEXHO MANAGEMENT CORP.



Principal Place of Business
 10400 FERNWOOD RD
 DEPT 924.13
 BETHESDA MD 20817
 US

Mailing Address
 10400 FERNWOOD RD
 DEPT 924.13
 BETHESDA MD 20058
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **9801 Washingtonian Blvd**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Gaithersburg, MD**
 Zip Country
 24 **20878** 25 **US**

2a. Mailing Address
 26 **P.O. Box 352**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Buffalo, NY**
 Zip Country
 29 **14240** 30 **US**

3. Date Incorporated or Qualified
05/15/1984

4. FEI Number
36-2218345

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Prentice-Hall Corporation System, Inc
1201 Hays Street Suite 105
Tallahassee, FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, CHARLES D	1.2 NAME
STREET ADDRESS	10400 FERNWOOD RD.	1.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOCKTON, JOAN RECTOR	2.2 NAME
STREET ADDRESS	10400 FERNWOOD RD	2.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, JOSEPH	3.2 NAME Hyatt, Lawrence E.
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, MICHAEL A	4.2 NAME Landels, Michel
STREET ADDRESS	10400 FERNWOOD RD	4.3 STREET ADDRESS 9801 Washingtonian Blvd
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP Gaithersburg, MD 20878
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENZ, NANCY L.	5.2 NAME Allen, Richard H.
STREET ADDRESS	10400 FERNWOOD RD.	5.3 STREET ADDRESS 10 Farhart Drive
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP Williamsville, NY 14221
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RAYMOND G	6.2 NAME Vacant
STREET ADDRESS	10400 FERNWOOD RD	6.3 STREET ADDRESS
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP

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: Richard H. Allen **Richard H. Allen** 4/12/99 (716) 633-2222 x8376
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)