

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

**FILED**  
**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** Applied For  
 Not Applicable

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