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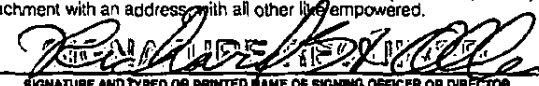
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/04/03--01034--005 \*\*158.75

CHECK HERE IF MAKING CHANGES

03

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <b>P02041</b>			
1. Entity Name <b>SODEXHO ADMINISTRATION CORP.</b>			
Principal Place of Business <b>9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878 US</b>		Mailing Address <b>PO BOX 332 BUFFALO NY 14240 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>36-2218345</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LANDEL, MICHEL 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>* PLEASE SEE ATTACHED LISTING</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MCGLOCKTON, JOAN RECTOR 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCOTT ROBINS 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BUSH, JOHN 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS STERN, ROBERT A 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ALLEN, RICHARD 10 EARHART DR WILLIAMSVILLE NY 14221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALIBRIO, ANTHONY F 9801 WASHINGTONIAN BLVD. GAITHERSBURG MD 20878</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: 		Date: <b>4/18/03</b> Daytime Phone #: <b>866-372-8291 093</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CRE034 (10/02)

883

Attachment #

P02091 2052  
11014300

**SODEXHO ADMINISTRATION CORP.**

**OFFICERS:**

**President:** Michel Landel

**Vice Presidents:**

Robert A. Stern  
Richard Macedonia  
John M. Bush  
Ollie Lawrence, Jr.  
Richard Brockland  
Thomas M. Mulligan

**Secretary:** Scott Robins

**Asst Secretaries:** Richard H. Allen  
(Business Address: 10 Earhart Drive, Williamsville, NY 14221)  
Leslie Jones  
Brenda P. Fuller  
Robert A. Stern  
Anthony Viola  
David Hayes  
Thomas R. Morse  
Anastasia E. Sweeney

**Treasurer:** Vacant

**Asst Treasurer:** Marc Blass

**Directors:**

Michel Landel  
Robert A. Stern  
John M. Bush

**Business Address for the Above**

**Named Officers and Directors:**

9801 Washingtonian Blvd  
Gaithersburg, MD 20878

**State of Incorporation**

California

**Federal I.D. No.**

36-2218345