

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90027 033 \*\*\*158.75

**DOCUMENT # P02726**

1. Entity Name

**SODEXHO MARRIOTT EDUCATION SERVICES, INC.**

Principal Place of Business

Mailing Address

9801 WASHINGTON BLVD  
 GAITHERSBURG MD 20878  
 US

PO BOX 352  
 BUFFALO NY 20847  
 14



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9801 Washingtonian Blvd  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1179155

Applied For

Not Applicable

Zip

Country

Zip

Country

14240

US

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

X

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

X

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DELL, CHARLES D 9801 WASHINGTON BLVD GAITHERSBURG MD 20878	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYATT, LAWRENCE E 9801 WASHINGTON BLVD GAITHERSBURG MD 20878	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDEL, MICHEL 9801 WASHINGTON BLVD GAITHERSBURG MD 20878	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLOCKTON, JOAN RECTOR 9801 WASHINGTON BLVD GAITHERSBURG MD 20878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALLEN, RICHARD 10 EARHART DR WILLIAMSVILLE NY 14221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Landel, Michel 9801 Washingtonian Blvd Gaithersburg, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Bush, John 9801 Washingtonian Blvd Gaithersburg, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/AS Stern, Robert A 9801 Washingtonian Blvd Gaithersburg, MD 20878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9801 Washingtonian Blvd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please See Attached For Additional Officers	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Allen

Date

Daytime Phone #

4/5/00 (716) 633-2222

x5285

CR2E034 (9/99)

attach.  
C0060118  
# P02226

**SODEXHO MARRIOTT EDUCATION SERVICES, INC.**

**OFFICERS:**

**President:** Michel Landel

**Vice Presidents:** John Bush  
Robert A. Stern  
Anthony F. Alibrio  
William W. Hamman  
Thomas M. Mulligan  
James A. Seaton

**Secretary:** Joan Rector McGlockton

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

**Treasurer:** Vacant

**Asst Treasurer:** Kevin Nolan

**DIRECTORS:**

Michel Landel  
Robert A. Stern  
John Bush

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**Business Address for the Above**

**Named Officers and Directors:**

9801 Washingtonian Blvd  
Gaithersburg, MD 20878

**State of Incorporation**

Delaware

**Federal I.D. No.**

52-1179155