2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P10935

Entity Name: SODEXO MANAGEMENT, INC.

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERSBURG, MD 20878 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240 US

New Mailing Address:

FEI Number: 16-0812661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAVEL, GEORGE
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: VD ( ) Delete
Name: BUSH, JOHN
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: S ( ) Delete
Name: ROBINS, SCOTT
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: VDAS ( ) Delete
Name: STERN, ROBERT A
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: AS ( ) Delete
Name: ALLEN, RICHARD
Address: 10 EARHART DR
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: T ( ) Delete
Name: BLASS, MARC
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: WHITE, DEBRA
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BRIDGER, PERI
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ROBINS S 02/27/2009

Electronic Signature of Signing Officer or Director Date