ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13399 (1)

1. Corporation Name
SODEXHO USA, INC.

Principal Place of Business	Mailing Address
153 SECOND AVENUE WALTHAM MA 02154-1122	153 SECOND AVENUE WALTHAM MA 02154-1122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 04-2204498 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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	1.1 TITLE		☐ Change ☐ Addition
NAME	LANDEL, MICHEL	1.2 NAME		
STREET ADDRESS	2160 MASS. AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE	ASST TREASURER	☑ Change ☐ Addition
NAME	MEURICE, GILLES P.	2.2 NAME	JOHN G SANO	
STREET ADDRESS	15 RESEVOIR RD.	2.3 STREET ADDRESS	23 Louanis Dr	
CITY-ST-ZIP	WAYLAND MA	2.4 CITY-ST-ZIP	READING, MA	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HAYES,DAVID W.	3.2 NAME		
STREET ADDRESS	42 IMRIE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	RANDOLPH MA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DOUCE, PATRICE	4.2 NAME		
STREET ADDRESS	BP 67 78185 ST QUENTIN	4.3 STREET ADDRESS		
CITY-ST-ZIP	EN YVELINES CEDEX FR	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, REMI	5.2 NAME		
STREET ADDRESS	BP 67 78185 ST QUENTIN	5.3 STREET ADDRESS		
CITY-ST-ZIP	EN YVELINES CEDEX FR	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RODIONOFF, ANDRE	6.2 NAME		
STREET ADDRESS	BP 67 78185 ST QUENTIN	6.3 STREET ADDRESS		
CITY-ST-ZIP	EN YVELINES CEDEX FR	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] DAVID W. HAYES Secretary 4/28/95 617-890-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383834 FP