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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # P13399** 1. Corporation Name

SODEXHO USA, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 023 \*\*\*158.75



1 morpar i lac	C 01 B40111000					
153 SECOND A		153 SECOND AVENUE WALTHAM MA 02154-1122		•		
WALTHAM MA	V21741122	TTALITIME MA UZISTILZZ		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				02/27/1987		
3 Oringinal B	lace of Business	, 2a. Mailing Address		4. FEI Number	Applied For	
			2	04-2204498	Not Applicable	
	Washingtonian Blu	<u> </u>	<u> </u>	04-2204450	<del> </del>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22		27				
City & State City & State			Alc)	6. Election Campaign Financing	<b>\$5.00</b> May Be	
23 Gaithersburg, MD 28 Buttalo, 1			<i>VY</i>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24 208	78 25 US	$\frac{1}{29}$ $\frac{1}{2}$ $1$	1 US	Personal Property Tax.	Yes No	
, A 00	9. Name and Address of Current	Registered Agent	•	10. Name and Address of New Registere	d Agent	
	B. 18-18-18-18-18-18-18-18-18-18-18-18-18-1		81 Name		<del></del>	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						
110 NORTH MAGNOLIA STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						
IALL	DATAGOLL I L 0200 I		83	•		
			84 City		85 Zip Code	
				Tallahessee F	L 32301	
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose	of changing its registered	
office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was autho	onzea by the corpo	ration's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	and title if englished INOTE: Par	gistered Agent signature re	duited when reinstation) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
	D OFFICERS AND	DELETE	1.1 TITLE		The same	
TITLE .	LANDEL MICHEL	A DELETE		P/D O'Dell Charles D. 9801 Washingtonian I Gaithershura MD 20		
NAME	LANDEL, MICHEL		1.2 NAME	O' Dell Charles D.	214	
STREET ADDRESS	2160 MASS. AVE.		1.3 STREET ADDRESS	4801 Washing Jouran	D.1014	
CITY-ST-ZIP	LEXINGTON MA		1.4 CITY-ST-ZIP	Gaithersburg, MD 20	***************************************	
TITLE	AT	<b>≯</b> ELETE	2.1 TITLE	,	☐ Change ☐ Addition	
NAME	SANO, JOHN G.		2.2 NAME	Vacent		
STREET ADDRESS	23 LOUANIS DR.		2.3 STREET ADDRESS			
	READING MA	e e	2. 4 CITY-ST-ZIP			
CITY-ST-ZIP		<b>∑</b> 0ELETE	3.1 TITLE	-5	☐ Change ☐ Addition	
TITLE	S LIANTEO DANIED IN	Dece ie		mcGlockton, Joan Red 9801 Washingtonian Blue	10/	
NAME	HAYES,DAVID W.	j	3.2 NAME	The Glock ton Stanis Rive	d	
STREET ADDRESS	42 IMRIE ST.		3.3 STREET ADDRESS	480) Washington Bio	· 	
CITY-ST-ZIP	RANDOLPH MA		3.4. CITY-ST-ZIP	Gotherburg MP 208	78	
TITLE	D	☐ DELETE	4.1 TITLE	V/0	Change	
NAME	LANDEL, MICHEL		4.2 NAME	• -	4	
	ALOO MAGOLADINOCTTO AVE		4.3 STREET ADDRESS	9801 Washingtonian BI	J d	
STREET ADDRESS	F 7.17.7 (2.22.21.21.2		1	Co'Al and man cons	ø	
CITY-ST-ZIP	LEXINGTON MA	NO DELETE	4.4 CITY-ST-ZIP	Gaitherburg, MP 2087	☐ Change ★ Addition	
TITLE	D	<b>≯</b> ELETE	5.1 TITLE	VID	C cuaride SAucurou	
NAME	DRORY, ROBERT		5.2 NAME	Hyath, hawrence E	1	
STREET ADDRESS	121 LITTLE LANE	i	5.3 STREET ADDRESS	Hyath, Lawrence E 9801 Washingtonian Blu	a	
CITY-ST-ZIP	HAVERFORD PA		5.4 CITY-ST-ZIP	Gaithersburg, MD 2687	18	
TITLE	D	<b>₩</b> ØELETE	6.1 TITLE	H (	☐ Change ★Addition	
	HUTCHINSON, RICHARD		6.2 NAME	Allen, Richard H. 10 Farhart Orive	• •	
NAME			6.3 STREET ADDRESS	The Dave		
STREET ADDRESS	4 TRIZ FOIL DR		0.3 STREET ADURESS	In Education		

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 it charged, or or an attachment with an appears in the provided in the corporation of the corporati

SIGNATURE!