

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001842

Entity Name: SODEXO CTM, INC.

**Current Principal Place of Business:**

9801 WASHINGTONIAN BLVD  
GAITHERBURG, MD 20878

**Current Mailing Address:**

PO BOX 352  
BUFFALO, NY 14240

FEI Number: 31-1179456

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title PD  
Name CHAVEL, GEORGE  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title VP  
Name WHITE, TERRY  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title VASD  
Name STERN, ROBERT A  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title S  
Name ROBINS, SCOTT  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title T  
Name BLASS, MARC  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERSBURG MD 20878

Title AS  
Name BROOKS, SCOTT  
Address 10 EARHART DRIVE  
City-State-Zip: WILLIAMSVILLE NY 14221

Title VP  
Name WOOLBRIGHT JACKSON, JENNIFER  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title VP  
Name CONNOLLY, PAT  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

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*I hereby 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 all other like empowered.*

SIGNATURE: SCOTT BROOKS

ASSISTANT SECRETARY 04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name LEVENTHAL, MICHAEL G  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title ASST. TREASURER  
Name BROCK, PAUL  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878

Title ASST. SECRETARY  
Name ENRIGHT, SUSAN L  
Address 10 EARHART DRIVE  
City-State-Zip: WILLIAMSVILLE NY 14221

Title VP, DIRECTOR  
Name POIROT, OLIVIER  
Address 9801 WASHINGTONIAN BLVD  
City-State-Zip: GAITHERBURG MD 20878