

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001842

Entity Name: SODEXO CTM, INC.

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD
GAITHERBURG, MD 20878

FILED
Mar 24, 2016
Secretary of State
CC0279939311

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 DONATONE, LORNA
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERBURG MD 20878

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

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

Continues on page 2

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 03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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