

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000462

Entity Name: COMPASS GROUP USA, INC.**Current Principal Place of Business:**2400 YORKMONT RD
TAX DEPT.
CHARLOTTE, NC 28217**Current Mailing Address:**C/O TAX DEPT.
2400 YORKMONT RD.
CHARLOTTE, NC 28217 US**FEI Number: 56-1874931****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT & CFO
Name MEREDITH, ADRIAN L
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title DIRECTOR, EXE VP, SECRETARY
Name BROWN, C PALMER
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name ROSSITCH, RICHARD J
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name DELANO, DEBORAH
Address 2400 YORKMONT ROAD
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name BRIOTTE, KRISTIN
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title ASST. SECRETARY
Name JONES, LAURENCE
Address 2400 YORKMONT RD.
City-State-Zip: CHARLOTTE NC 28217

Title TREASURER
Name THOMAS, DANIEL
Address 2400 YORKMONT RD
City-State-Zip: CHARLOTTE NC 28217

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: C PALMER BROWN**EXE VP, GENERAL
COUNSEL AND
SECRETARY****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

