No. <b>C 81822</b>		Due no later than Jul 31, 2015  Annual Report Form  1. Mailing Address: Correct in this box if needed.		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE					CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SODEXO MANAGEMENT, INC. ENTITY ACCOUNTING P.O. BOX 352 BUFFALO NY 14240		BOISE ID 83702  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	MARC BLASS		9801 WASHINGTONIAN BLVD	GAITHERSBURG	MD	USA	20878	
DIRECTOR	ROBERT A STERN		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
SECRETARY	SCOTT ROBINS		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
PRESIDENT	GEORGE CHAVEL		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
DIRECTOR	GEORGE CHAVEL		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
DIRECTOR	SYLVIA METAYER		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
DIRECTOR	SIAN HERBERT-JONES		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
DIRECTOR	R DAMIAN VERDIER		9801 WASHINGTONIAN BLVD	<b>GAITHERSBURG</b>	MD	USA	20878	
DIRECTOR	OLIVIER POIROT		9801 WASHINGTONIAN BLVD	GAITHERSBURG	MD	USA	20878	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
NY C 81822		Signature: Scott Brooks		Date: (	Date: 07/09/2015			
		Name (type or print): Scott Brooks		Title: Asst. Secretary				
Processed 07/09/2015		* Electronically prov	ided signatures are accepted as original si	ignatures.				