

1.) CORPORATION NAME:

Sodexo Management, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA**

SCC ID NO: **F0516528**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMB	7,500
COMC	400
PREFA	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9801 WASHINGTONIAN BLVD

CITY/ST/ZIP: GAITHERSBURG, MD 20878

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: GEORGE CHAVEL TITLE: PRESIDENT ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: OLIVIER PIOROT TITLE: VICE PRESIDENT ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT A STERN TITLE: VICE PRESIDENT ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT BROOKS TITLE: ASST SEC ADDRESS: 10 EARHART DR CITY/ST/ZIP/CO: WILLIAMSVILLE, NY 14221</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARC BLASS TITLE: TREASURER ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT ROBINS TITLE: SECRETARY ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: SIAN HERBERT-JONES TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SYLVIA METAYER TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAMIAN VERDIER TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SCOTT BROOKS	SCOTT BROOKS, ASST SEC	7/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		