

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213523510

1.) CORPORATION NAME:

Bon Appetit Management Co.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1511643**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O TAX DEPT
2400 YORKMONT ROAD

CITY/ST/ZIP: CHARLOTTE, NC 28217

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.

NAME:	C PALMER BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXVP/S/G COUN		
ADDRESS:	2400 YORKMONT ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME:	RICHARD J ROSSITCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	2400 YORKMOUNT ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME:	ELIZABETH BALDWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	100 HAMILTON AVE STE 300		
CITY/ST/ZIP/CO:	PALO ALTO, CA 94066		

NAME:	FEDELE R BAUCCIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	100 HAMILTON AVE SUITE 300		
CITY/ST/ZIP/CO:	PALO ALTO, CA 94066		

NAME:	ADRIAN MEREDITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2400 YORKMONT ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME:	DEBORAH DELANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2400 YORKMONT ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28217		

NAME: Norman Zwagil TITLE: Acting Asst S ADDRESS: 100 Hamilton Ave CITY/ST/ZIP/CO: Palo Alto, CA 94301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Kristin Broitte TITLE: ASST SECRETARY ADDRESS: 2400 Yorkmont Road CITY/ST/ZIP/CO: Charlotte, NC 28217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ C PALMER BROWN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	C PALMER BROWN, EXVP/S/G COUN PRINTED NAME AND CORPORATE TITLE	5/18/2013 DATE
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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.