State of New Hampshire
2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/19/2015
Business ID: 362608
William M. Gardner
Secretary of State

SDH EDUCATION WEST, LLC

PO BOX 352
BUFFALO, NY 14240

ENTITY TYPE: LLC
BUSINESS ID: 362608
STATE OF DOMICILE: DELAWARE

FOOD AND FACILITY MANAGEMENT SERVICE

1

ADDRESS OF PRINCIPAL OFFICE:
9801 WASHINGTONIAN BOULEVARD
GAITHERSBURG, MD 20878

REGISTERED AGENT AND OFFICE:
CORPORATE CREATIONS NETWORK INC.
3 EXECUTIVE PARK DRIVE 9
BEDFORD, NH 03110

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

3

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

MEMB. Sodexo America, LLC
STREET 9801 Washingtonian Blvd
CITY/STATE/ZIP Gaithersburg MD 20878
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Scott Brooks**

Please print name and title of signer: **Scott Brooks** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

036260820151004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301