


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 045 ***150.00

DOCUMENT # F03000005398	
1. Entity Name UNIFIRST-FIRST AID CORPORATION	

Principal Place of Business UNIFIRST - FIRST AID CORP 17251 ALLEGOCENTER RD #1 FT. MYERS, FL 33912	Mailing Address UNIFIRST - FIRST AID CORP 4159 SHORELINE DR - ST. LOUIS, MO 63045
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50026606



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2152049	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROATTI, RONALD D 68 JONSPIN ROAD WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARTLETT, JOHN B 68 JONSPIN ROAD WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROATTI, CYNTHIA 68 JONSPIN ROAD WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, TODD T 4159 SHORELINE DRIVE ST. LOUIS, MO 63045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Deborah A. McMillan 68 JONSPIN RD WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah A. McMillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

Date

Daytime Phone #

ATTACHMENT

F0300000.5398

50026606

UNIFIRST-FIRST AID CORPORATION OFFICERS AND DIRECTORS

<u>Name and Title</u>	<u>Business Address</u>
Ronald D. Croatti President <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
John B. Bartlett Vice President & Secretary <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
Cynthia Croatti Treasurer <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
Todd T. Lewis Vice President	4159 Shoreline Drive St. Louis, MO 63045
Deborah A. McMillan Assistant Treasurer	68 Jonspin Road Wilmington, MA 01887