2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 841602

1. Entity Name
UNIFIRST CORPORATION

Principal Place of Business	Mailing Address
68 JONSPIN ROAD WILMINGTON, MA 01887	68 JONSPIN ROAD WILMINGTON, MA 01887

04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2103460
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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

U00000339354
04/28/05-80071-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BARTLETT, JOHN B.
STREET ADDRESS	20 BATESON DR.
CITY-ST-ZIP	ANDOVER, MA
TITLE	T
NAME	CROATTI, CYNTHIA D
STREET ADDRESS	51 PAINE AVE
CITY-ST-ZIP	PRIDES CROSSING, MA 01965
TITLE	VP
NAME	BOYNTON, BRUCE
STREET ADDRESS	74 MOSELY AVE
CITY-ST-ZIP	NEWBURYPORT, MA 01950
TITLE	DP
NAME	CROATTI, RONALD D
STREET ADDRESS	21 JEFFERSON DRIVE
CITY-ST-ZIP	LONDONDERRY, NH
TITLE	D
NAME	EVANS, DONALD J
STREET ADDRESS	72 N MAIN ST
CITY-ST-ZIP	COHASSET, MA 00000,
TITLE	Assistant Treasurer
NAME	Deborah A. McMillan
STREET ADDRESS	43 Woods Court
CITY-ST-ZIP	Dunstable, MA 01965

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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 — Deborah A. McMillan, Assistant Treasurer — 4/21/05 — (978)658-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #