2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# F03000005398

Entity Name: UNIFIRST-FIRST AID CORPORATION

Current Principal Place of Business:

17251 ALLGO CENTER RD
#1
FORT MYERS, FL 33912

New Principal Place of Business:

17080 ALICO COMMERCE COURT
4
FORT MYERS, FL 33912

Current Mailing Address:

4159 SHORELINE DR
#1
ST LOUIS, MO 63045

New Mailing Address:

FEI Number: 52-2152049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CROATTI, RONALD D
Address: 68 JONSPIN ROAD
City-St-Zip: WILMINGTON, MA 01887

Title: VSD ( ) Delete
Name: BARTLETT, JOHN B
Address: 68 JONSPIN ROAD
City-St-Zip: WILMINGTON, MA 01887

Title: TD ( ) Delete
Name: CROATTI, CYNTHIA
Address: 68 JONSPIN ROAD
City-St-Zip: WILMINGTON, MA 01887

Title: V ( ) Delete
Name: LEWIS, TODD T
Address: 4159 SHORELINE DRIVE
City-St-Zip: ST. LOUIS, MO 63045

Title: AT ( ) Delete
Name: MC MILLAN, DEBORAH A
Address: 68 JONSPIN RD
City-St-Zip: WILMINGTON, MA 01887

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. MCMILLAN AT 01/26/2006

Electronic Signature of Signing Officer or Director — Date