

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005398

FILED
Apr 20, 2009
Secretary of State

Entity Name: UNIFIRST-FIRST AID CORPORATION

Current Principal Place of Business:

17080 ALICO COMMERCE COURT
4
FORT MYERS, FL 33912

New Principal Place of Business:

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: SINTROS, STEVEN
Address: 68 JONSPIN ROAD
City-St-Zip: WILMINGTON, MA 01887

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

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

Title: O () Change (X) Addition
Name: O'CONNOR, SHANE
Address: 68 JONSPIN ROAD
City-St-Zip: WILMINGTON, MA 01887

I hereby certify that the information supplied with this filing does not qualify 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: SHANE O'CONNOR

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04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date