2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC7632571786

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Entity Name: UNIFIRST CORPORATION

Current Principal Place of Business:

68 JONSPIN ROAD
WILMINGTON, MA 01887

Current Mailing Address:

68 JONSPIN ROAD
WILMINGTON, MA 01887

FEI Number: 04-2103460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	VP D
Name	SINTROS, STEVE S
Address	7 STARR AVENUE EAST
City-State-Zip:	ANDOVER MA 01810

Title	SRVP
Name	BOYNTON, BRUCE P
Address	74 MOSELY AVE
City-State-Zip:	NEWBURYPORT MA 01950

Title	D
Name	EVANS, DONALD J
Address	72 N MAIN ST
City-State-Zip:	COHASSET MA 02025

Title	SR VP
Name	DIFILLIPPO, DAVID
Address	7 LANTERN AVE
City-State-Zip:	LYNNFIELD MA 01940

Title	T D
Name	CROATTI, CYNTHIA
Address	70 BEACON STREET
City-State-Zip:	BOSTON MA 02108

Title	D P
Name	CROATTI, RONALD D
Address	21 JEFFERSON DRIVE
City-State-Zip:	LONDONDERRY NH 03053

Title	CONT
Name	O'CONNOR, SHANE CONTROL
Address	6 IROQUOIS ROAD
City-State-Zip:	ANDOVER MA 01810

Title	VP SALES & MARKETING
Name	KATZ, DAVID M
Address	11 FLORENCE DRIVE
City-State-Zip:	RICHBORO PA 18954

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I hereby 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 all other like empowered.

SIGNATURE: SHANE O'CONNOR CONTROLLER 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	ZEMLIN, RAYMOND C
Address	11 WEST HOLLOW
City-State-Zip:	ANDOVER MA 01810

Title	DIRECTOR
Name	CAMILLI, KATHLEEN
Address	245 EAST 19TH STREET, #20C
City-State-Zip:	NEW YORK NY 10003

Title	DIRECTOR
Name	POSTEK, THOMAS
Address	1340 N. ASTOR STREET, APT 1807
City-State-Zip:	CHICAGO IL 60610

Title	DIRECTOR
Name	COHEN, PHILLIP L
Address	79 OCEAN AVENUE
City-State-Zip:	SWAMPSCOTT MA 01907

Title	DIRECTOR
Name	IANDOLI, MICHAEL
Address	76 WATER STREET
City-State-Zip:	NEWBURYPORT MA 01950