

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005398

**Entity Name:** UNIFIRST-FIRST AID CORPORATION

**Current Principal Place of Business:**

17080 ALICO COMMERCE COURT  
4  
FORT MYERS, FL 33912

**Current Mailing Address:**

4159 SHORELINE DR  
#1  
ST LOUIS, MO 63045

**FEI Number:** 52-2152049

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name CROATTI, RONALD D  
Address 68 JONSPIN ROAD  
City-State-Zip: WILMINGTON MA 01887

Title VSD  
Name SINTROS, STEVEN  
Address 68 JONSPIN ROAD  
City-State-Zip: WILMINGTON MA 01887

Title TD  
Name CROATTI, CYNTHIA  
Address 68 JONSPIN ROAD  
City-State-Zip: WILMINGTON MA 01887

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

Title O  
Name O'CONNOR, SHANE  
Address 68 JONSPIN ROAD  
City-State-Zip: WILMINGTON MA 01887

*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

**OTHER**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date