

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 127175

FILED
Apr 30, 2009
Secretary of State

Entity Name: MACINTOSH LINEN & UNIFORM RENTAL, INC.

Current Principal Place of Business:

2255 CITY LINE ROAD
BETHLEHEM, PA 18017 US

New Principal Place of Business:

Current Mailing Address:

2255 CITY LINE ROAD
BETHLEHEM, PA 18017 US

New Mailing Address:

FEI Number: 59-6065110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, HALCYON E.
3300 BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202 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: RODGERS, JAMES J.
Address: 2255 CITY LINE ROAD
City-St-Zip: BETHLEHEM, PA 18017

Title: VD () Delete
Name: RODGERS JR, JAMES J
Address: 2255 CITY LINE ROAD
City-St-Zip: BETHLEHEM, PA 18017

Title: VPD () Delete
Name: RODGERS, BRIAN L
Address: 2255 CITY LINE ROAD
City-St-Zip: BETHLEHEM, PA 18017

Title: D () Delete
Name: BRODERICK, C. ROBERT
Address: 2255 CITY LINE ROAD
City-St-Zip: BETHLEHEM, PA 18017

Title: D () Delete
Name: RODGERS, ELIZABETH
Address: 2255 CITY LINE ROAD
City-St-Zip: BETHLEHEM, PA 18017

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 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: JEFFREY SEIDEL

Electronic Signature of Signing Officer or Director

CONT

04/30/2009

_____ Date