FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **225258** **(3)**

1. Corporate Name

ARAMARK TERMINAL SHOPS, INC.

Principal Place of Business

1101 MARKET ST.
PHILADELPHIA PA 19101

Mailing Address

P.O. BOX 13477
PHILADELPHIA PA 19101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1959**

3a. Date of Last Report: **10/06/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-0873782** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 County — 25 Zip — 29 County — 30

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* **XXX** ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1905 and/or 1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent address, new agent must sign here.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TYPE	P	TYPE	☐ Change ☐ Addition
NAME	GILLESPIE, CHARLES	NAME	
STREET ADDRESS	1101 MARKET ST.	STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19101	CITY ST ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	O'HARA, MICHAEL J.	NAME	
STREET ADDRESS	1101 MARKET ST.	STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19101	CITY ST ZIP	
TYPE	VD	TYPE	XXX Change ☐ Addition
NAME	VENT, RICHARD	NAME	D GILLESPIE, CHARLES
STREET ADDRESS	1101 MARKET ST.	STREET ADDRESS	1101 Market Street
CITY ST ZIP	PHILADELPHIA PA 19101	CITY ST ZIP	Philadelphia, PA 19107
TYPE	S	TYPE	☐ Change ☐ Addition
NAME	BODNAR, PRISCILLA	NAME	
STREET ADDRESS	1101 MARKET ST.	STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19101	CITY ST ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	MAHONEY, MELVIN	NAME	
STREET ADDRESS	1101 MARKET ST.	STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19101	CITY ST ZIP	
TYPE		TYPE	XXX Change ☐ Addition
NAME		NAME	T MAHONEY, MELVIN
STREET ADDRESS		STREET ADDRESS	1101 Market Street
CITY ST ZIP		CITY ST ZIP	Philadelphia, PA 19107

14. (If filing only, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall satisfy the requirements of that section. I am a director or officer 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: 4/28/95 215-238-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. O'Hara, Vice President

0000070 CP