

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Neuman
Secretary of State
1900 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32304

DOCUMENT # **809957** (4)

ARAMARK EDUCATIONAL SERVICES, INC.

Principal Office Location: **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 08/24/1954	3a. Date of Last Report 10/06/1994
4. FEI Number 23-1354443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing; Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 190.037 Florida Statutes. XXX <input type="checkbox"/> No	

2. Principal Office Location 21	2a. Mailing Address 26
22. State of Office 27	27. Code of Office 28
23. City of Office 28	28. City & State 29
24. State of Office 25	24. City of Office 29
25. City of Office 30	30. City & State 30

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 Applicable)	
83. City		84. State	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.02(2), and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 provisions of the statute cited above Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
P NAME: KOESTER, CLARENCE E. STREET ADDRESS: 1101 MARKET ST. PHILADELPHIA PA 19101		1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD NAME: MAHONEY, MELVIN STREET ADDRESS: 1101 MARKET ST. PHILADELPHIA PA 19101		2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: BODNAR, PRISCILLA M. STREET ADDRESS: 1101 MARKET ST. PHILADELPHIA PA 19101		3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: O'HARA, MICHAEL J. STREET ADDRESS: 1101 MARKET ST. PHILADELPHIA PA 19101		4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D NAME: LEONARD, WILLIAM STREET ADDRESS: 1101 Market St. Philadelphia, PA 19107	XXX <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct. I understand that any false or misleading information furnished on this filing may constitute a crime under the laws of the State of Florida and that any person who furnishes false or misleading information on this filing may be liable for the same under the laws of the State of Florida. I understand that any person who furnishes false or misleading information on this filing may be liable for the same under the laws of the State of Florida.

SIGNATURE: **4/28/95** **215-238-3162**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. O'Hara, Vice President