

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 809957 (4)**

1. Corporation Name  
**ARAMARK EDUCATIONAL SERVICES, INC.**



Principal Place of Business <b>1101 MARKET ST.                  PHILADELPHIA PA 19101</b>	Mailing Address <b>P.O. BOX 13477                  PHILADELPHIA PA 19101-3477</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/24/1954</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-1354443</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOESTER, CLARENCE E.</b>	
STREET ADDRESS	<b>1101 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAHONEY, MELVIN</b>	
STREET ADDRESS	<b>1101 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BODNAR, PRISCILLA M.</b>	
STREET ADDRESS	<b>1101 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>O'HARA, MICHAEL J.</b>	
STREET ADDRESS	<b>1101 MARKET ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEONARD, WILLIAM</b>	
STREET ADDRESS	<b>1101 MARKET ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P</b>
1.3 STREET ADDRESS	<b>FREDRICK TURK</b>
1.4 CITY-ST-ZIP	<b>1101 MARKET STREET PHILADELPHIA, PA 19107</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIT</b>
2.3 STREET ADDRESS	<b>ADSTELL, BARBARA</b>
2.4 CITY-ST-ZIP	<b>1161 MARKET ST. PHILADELPHIA, PA 19107</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ *[Signature]* 4/28/97 215-238-3162

CR2E034 (9/96)