

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90183 018 ***150.00

DOCUMENT # 809957

1. Entity Name
 ARAMARK EDUCATIONAL SERVICES, INC.

Principal Place of Business **Mailing Address**
 1101 MARKET STREET 1101 MARKET STREET
 PHILADELPHIA PA 19107 PHILADELPHIA PA 19107-2934

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
 23-1354443

Applied For
 Not Applicab

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	WILLIAM LEONARD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1101 MARKET STREET	
CITY-ST-ZIP		PHILADELPHIA PA	
TITLE	S	PRISCILLA BODNAR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1101 MARKET STREET	
CITY-ST-ZIP		PHILADELPHIA PA 19107	
TITLE	P	JOHN DONOVAN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1101 MARKET STREET	
CITY-ST-ZIP		PHILADELPHIA PA	
TITLE	VP	MICHAEL J. O'HARA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1101 MARKET STREET	
CITY-ST-ZIP		PHILADELPHIA PA 19107	
TITLE	DT	BARBARA AUSTELL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1101 MARKET STREET	
CITY-ST-ZIP		PHILADELPHIA, PA 19107	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Additio
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STREET ADDRESS			
CITY-ST-ZIP			

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/30/2000** 215-238-3162
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER, DIRECTOR, PRESIDENT Date Daytime Phone #