2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State **DOCUMENT # 809957** 1. Entity Name ARAMARK EDUCATIONAL SERVICES, INC. 05-05-2001 90235 038 ***150.00 Principal Place of Business Mailing Address 1101 MARKET ST. P.O. BOX 13477 PHILADELPHIA PA 19101 PHILADELPHIA PA 19101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 23-1354443 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code F 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME AUSTELL, BARBARA NAME STREET ADDRESS 1101 MARKET ST. STREET ADDRESS CITY-ST-7IP PHILADELPHIA PA CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BODNAR, PRISCILLA M. NAME NAME STREET ADDRESS 1101 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19101 CITY-ST-ZIP Delete TITLE Change ☐ Addition O'HARA, MICHAEL J. NAME NAME STREET ADDRESS 1101 MARKET ST. STREET ADDRESS CHTY-ST-ZIP PHILADELPHIA PA 19101 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEONARD, WILLIAM NAME STREET ADDRESS 1101 MARKET ST STREET ADDRESS CITY-ST-7IP PHILADELPHIA PA CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

215-238-3162