

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90235 038 \*\*\*150.00

**DOCUMENT # 809957**

1. Entity Name  
**ARAMARK EDUCATIONAL SERVICES, 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

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-1354443</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTELL, BARBARA</b>		NAME		
STREET ADDRESS	<b>1101 MARKET ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODNAR, PRISCILLA M.</b>		NAME		
STREET ADDRESS	<b>1101 MARKET ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARA, MICHAEL J.</b>		NAME		
STREET ADDRESS	<b>1101 MARKET ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA 19101</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, WILLIAM</b>		NAME		
STREET ADDRESS	<b>1101 MARKET ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>John Donovan</b>	
STREET ADDRESS			STREET ADDRESS	<b>1101 Market Street</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Philadelphia, Pa 19107</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. O'Hara* **Michael J. O'Hara, VICE President**  
 Date: 4/28/01 Daytime Phone #: 215-238-3162

CR2E034 (10/00)