

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90356 039 \*\*\*150.00

DOCUMENT# **809957**  
1. Entity Name  
**Aramark Educational Services, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1101 MARKET STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 13477**  
Suite, Apt. #, etc.

DONOTWRITEINTHISPACE

City & State  
**PHILADELPHIA PA**  
Zip  
**19107**  
Country  
**PHILA**

City & State  
**PHILADELPHIA PA**  
Zip  
**19101**  
Country  
**PHILA**

4. FEINumber  
**23-1354443**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**CT CORPORATION SYSTEM**  
Street Address (P.O. Box Numbers Not Acceptable)  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**  
City  
**PLANTATION** FL Zip Code  
**33324**

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 date, if applicable. (NOTE: Registered Agent's signature is required when not standing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>John Donovan</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>Michael J. O'Hara</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>Barbara Austell</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>Priscilla Bodnar</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>Barbara Austell</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>William Leonard</b> <b>1101 MARKET STREET</b> <b>PHILADELPHIA, PA 19107</b>

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) of the Florida Statutes. If 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 a man 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

215-238-3162

Date Day/Phone#

**MICHAEL J. O'HARA, VICE PRESIDENT**

CR2E034B (12/01)