


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90130 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 811584	
1. Corporation Name RESTAURA, INC.	



Principal Place of Business THE DIAL TOWER 1101 Market St #1023 Philadelphia PHOENIX AZ 85077 PA 19107	Mailing Address THE TAX DEPT. 1101 Market St THE DIAL TOWER 1023 Philadelphia PHOENIX AZ 85077 PA 19107
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/22/1957	
4. FEI Number 38-1206635		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input 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 FL 85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FASSLER, J.K.			1.2 NAME			
STREET ADDRESS	10002 N 55 ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ 85253			1.4 CITY-ST-ZIP			
TITLE	VAS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELSTEN, D. L.			2.2 NAME			
STREET ADDRESS	7798 E VIA CASTA			2.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FASSLER, JK			3.2 NAME			
STREET ADDRESS	10002 N. 55 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAGO N A			4.2 NAME			
STREET ADDRESS	4402 MOONLIGHT WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	PARADISE VALLEY AZ			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOHANNON, ROBERT J			5.2 NAME			
STREET ADDRESS	VIAD TOWE-1023			5.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			5.4 CITY-ST-ZIP			
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAYRE, S.			6.2 NAME			
STREET ADDRESS	VIAD TOWER-1023			6.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

J.M. Litherland

J.M. LITHERLAND

4/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attorney in Fact

Date

Daytime Phone #

RESTAURA, INC.
(Incorporated in Michigan on March 21, 1944)

215/238-3000

ARAMARK Tower, 1101 Market Street, Philadelphia PA 19107

811584
607267-90004
FEIN 38-1206635

Name	Title	First Elected Date
Directors		
Barbara A. Austell	Director	Wednesday January 27, 1999
Donald S. Morton	Director	Wednesday, January 27, 1999
Officers		
John J. Zillmer	President	Wednesday, January 27, 1999
James P. McManus	Vice President	Wednesday, January 27, 1999
Michael O'Hara	Vice President	Wednesday, January 27, 1999
James W. Summers	Vice President	Wednesday, January 27, 1999
William Warrin	Vice President	Wednesday, January 27, 1999
Barbara A. Austell	Treasurer	Wednesday, January 27, 1999
Priscilla M. Bodnar	Secretary	Wednesday, January 27, 1999
Alan J. Griffith	Assistant Treasurer	Wednesday, January 27, 1999
Richard M. Thon	Assistant Treasurer	Wednesday, January 27, 1999
William G. Kiesling	Assistant Secretary	Wednesday January 27, 1999
Joan C. Mazzotti	Assistant Secretary	Wednesday January 27, 1999
Donald S. Morton	Assistant Secretary	Wednesday, January 27, 1999