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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ARAMARK SERVICES, INC.

(9)

FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Addre			SS		r ibrein infan isaan diina sidan faria isaa bidin bidin didin didin didin dibis dibis dibis bibis bidis		
1101 MARKET ST. PHILADELPHIA PA 19101		P.O. BOX 13477 PHILADELPHIA PA 19101-3477					
Friend-Co-(iii)	A FA 19101	FRIEDDEUTRIM TA 1810	13477		3. Date Incorporated or Qualified	3a. Date of Last	
		- -			05/18/1961	05/01/199	16
	lace of Business	2a. Mailing Address			4. FEI Number	 	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22 Suite, Apr.	#, etc.	27			5. Certificate of Status Desired		Additional Required
City & State	0	City & State		Election Campaign Financing \$5.00 May Bo			
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in		s. 199.032,
24	9. Name and Address of Current	29	30			Yes No	
CT	CORPORATION SYSTEM	Hegistered Agent	81	Name	10. Name and Address of New Reg	Istered Agent	
			"	IName			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	82 Street Address (P.O. Box Number is Not Acceptable)			
FU	ANIATION PL 33324		83	ļ			
			0.3	1			
			84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	ites, the abov	e-named	corporation submits this statement for the puporation's board of directors. I hereby accept		its registered
office or r agent. I a	egistered agent, or both, in the State i im familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authorized b Iorida Statule	y the cor is.	poration's board of directors. Thereby accept	the appointment	as registered
SIGNATURE	,						
	Signature, typed or printed name of registered ager		~ ~~~~	ent signatur	required when reinstating)	DATE	
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD Neubauer, Joseph	☐ DELETE	1.1 TITLE			Changi	e Addition
NAME	1101 MARKET ST.		1.2 NAME		,		
STREET ADDRESS	PHILADELPHIA PA 19107			1 ADDRESS			
CITY-ST-ZIP	THEADELT HIA TA 18707	▼ DELETE	1.4 CITY-	S1 - 7 P			
TITLE	MAHONEY, MELVIN, M.	(M) DEER IE	2 1 1111.1		AUSTELL BARBARA	∑ Changi	Addition
NAME	1101 MARKET ST.		2.2 NAME		1101 MARKET STISET		
STREET ADDRESS	PHILADELPHIA PA 19101			1 ADDRESS			
CITY-ST-ZIP TITLE	V	DELETÉ	2.4 CITY-	S1 - 7/P	PHILADELPHIA, DA 19107	Change	A Adalate =
NAME	KSANSNAK, JAMES	LT MULE	3 1 1)TLF			∟ unangi	Addition
STREET ADDRESS	1101 MARKET ST.		3.2 NAME				
	PHILADELPHIA PA			F ADDRESS			
CITY-ST-ZIP TITLE	SDV	DILETE	3.4. COY- 4.1 TRLE	S1 - ZH'		Change	e Addition
NAME	SPECTOR, MARTIN	in while	4.1 HILL 4.2 NAME			டு வளழ	· Maningh
STREET ADDRESS	1101 MARKET ST.			LADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19101			I ADDRESS			
TITLE	V	DELETE	4.4 CiTY- 5.1 TILLE	51 - ZIP		Change	Addition
NAME	O'HARA, MICHAEL J.	Marit	5.2 NAME			L_J Glidilgi	> [_] Wouldon
STREET ADDRESS	1101 MARKET ST.			LADENDERO			
i	PHILADELPHIA PA 19101			1 ADDRESS			
CITY-ST-ZIP TITLE	THE PERMITTER IN TO TOTAL	DELETE	5.4 C(TY-	SI-ZP		Change	e
NAME			1			<u></u> ыапда	≥ L™ Woolingu
			6.2 NAME	Leoppes			
STREET ADDRESS			63 STREE	I ADDRESS			

14. I do 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 eath, 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 chapter, or on an attachment with an address.