

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90006 037 ***550.00

DOCUMENT # 815282

1. Entity Name
ARAMARK CORPORATION



Principal Place of Business
**1101 MARKET ST.
PHILADELPHIA, PA 19101**

Mailing Address
**P.O. BOX 13477
PHILADELPHIA, PA 19101**

40113764



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2051630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOPHER, HOLLAND 1101 MARKET ST. PHILADELPHIA, PA 19107
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, CHRISTOPHER 1101 MARKET ST. PHILADELPHIA, PA 19107
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DICHTER, HAROLD B 1101 MARKET ST. PHILADELPHIA, PA 19107
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'HARA, MICHAEL J 1101 MARKET ST. PHILADELPHIA, PA 19101
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUBAUER, JOSEPH 1101 MARKET STREET PHILADELPHIA, PA 19107
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

215-238-3000

Daytime Phone #

MICHAEL J. O'HARA, VICE PRESIDENT