

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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55 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835194** (2)
1. Corporation Name
ARAMARK HEALTHCARE SUPPORT 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

3. Date of Incorporation or Qualification: **10/13/1975**
3a. Date of Last Report: **10/06/1994**

4. FID Number: **23-1530221**
 Applied For
 Not Applicable

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

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

7. This corporation has liability for intangible tax under s. 198.03, Florida Statutes: **XXX** No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
22 Suite Apt # etc: **27** Suite Apt # etc:
23 City & State: **28** City & State:
24 Zip: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.02(2)(b) and 607.03(1)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 Sections 607.02(2)(b) Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS	
TYPE: P	GIRARD-DICARLO, C. 1101 MARKET ST. PHILADELPHIA PA 19101
TYPE: D	LEONARD, WILLIAM 1101 MARKET ST. PHILADELPHIA PA 19101
TYPE: V	O'HARA, MICHAEL J. 1101 MARKET ST. PHILADELPHIA PA 19101
TYPE: S	BODNAR, PRISCILLA M. 1101 MARKET ST. PHILADELPHIA PA 19101
TYPE: D	MAHONEY, MELVIN 1101 MARKET ST. PHILADELPHIA PA 19101
TYPE: T	MAHONEY, MELVIN M. 1101 MARKET ST. PHILADELPHIA PA 19101

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS (If 12)	
TYPE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY & STATE:	
TYPE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY & STATE:	
TYPE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY & STATE:	
TYPE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY & STATE:	

14. This document is only valid if the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199.02(2)(b) Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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 for the recovery of business incorporated to carry out this report as required by Chapter 607, Florida Statutes, and that my name appears in the Section 607.02(2)(b) of the Florida Statutes, and that my name appears in this Section 607.02(2)(b) of the Florida Statutes with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 215-238-3162

Michael J. O'Hara, Vice President