

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835194 (2)

1. Corporation Name

ARAMARK HEALTHCARE SUPPORT SERVICES, INC.



Principal Place of Business

Mailing Address

1101 MARKET ST.
PHILADELPHIA PA 19101

P.O. BOX 13477
PHILADELPHIA PA 19101

3. Date Incorporated or Qualified
10/13/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
23-1530221

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.0502 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 (required)

Signature, typed or printed name of new registered agent (required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIRARD-DICARLO, C.	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, WILLIAM	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'HARA, MICHAEL J.	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BODNAR, PRISCILLA M.	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHONEY, MELVIN	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAHONEY, MELVIN M.	
STREET ADDRESS	1101 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19101	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. O'HARA VICE PRESIDENT

4-28-96

DATE

215-238-3162

PHONE NUMBER

CR2E034 (12/95)