

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

|   |  |
|---|--|
| Principal Place of Business<br><b>1101 MARKET ST.<br/>PHILADELPHIA PA 19101</b> | Mailing Address<br><b>P.O. BOX 13477<br/>PHILADELPHIA PA 19101</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |                 |                       |                 |   |  |
|---|-----------------|-----------------------|-----------------|---|--|
| 2. Principal Place of Business  |                 | 2a. Mailing Address   |                 | 3. Date Incorporated or Qualified<br><b>10/13/1975</b>    |  |
| 21 Suite, Apt. #, etc   | 22 City & State | 26 Suite, Apt. #, etc | 27 City & State | 4. FEI Number<br><b>23-1530221</b>                        | Applied For<br>Not Applicable          |
| 23 Zip  | 25 Country      | 29 Zip                | 30 Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fees Required |
| 9. Name and Address of Current Registered Agent   |                 |                       |                 | 10. Name and Address of New Registered Agent              |  |
| <b>CT CORPORATION SYSTEM<br/>                 1200 S. PINE ISLAND ROAD<br/>                 PLANTATION FL 33324</b>   |                 |                       |                 | 81 Name   |  |
|   |                 |                       |                 | 82 Street Address (P.O. Box Number is Not Acceptable)     |  |
|   |                 |                       |                 | 83  |  |
|   |                 |                       |                 | 84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or officer if applicable (NOTE - Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|----------------------------|------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>P</b>                     | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>GIRARD-DICARLO, C.</b>    |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1101 MARKET ST.</b>       |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>PHILADELPHIA PA 19101</b> |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>LEONARD, WILLIAM</b>      |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1101 MARKET ST.</b>       |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>PHILADELPHIA PA 19101</b> |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>V</b>                     | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>O'HARA, MICHAEL J.</b>    |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1101 MARKET ST.</b>       |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>PHILADELPHIA PA 19101</b> |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>S</b>                     | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>BODNAR, PRISCILLA M.</b>  |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1101 MARKET ST.</b>       |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>PHILADELPHIA PA 19101</b> |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | <b>DT</b>                    | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>AUSTELL, BARBARA</b>      |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1101 MARKET ST.</b>       |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | <b>PHILADELPHIA PA</b>       |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                              |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 | 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.

CR2E034 (10/97)