

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90183 019 \*\*\*150.00

**DOCUMENT #**

835194

1. Entity Name

ARAMARK HEALTHCARE SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

1101 MARKET STREET  
PHILADELPHIA PA 191071101 MARKET STREET  
PHILADELPHIA PA 19107-2934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

23-1530221

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	WILLIAM LEONARD	1101 MARKET STREET PHILADELPHIA PA	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio
	PRISCILLA BODNAR	1101 MARKET STREET PHILADELPHIA PA 19107	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio
	RAY WELCH	1101 MARKET STREET PHILADELPHIA PA	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio
	VP MICHAEL J. O'HARA	1101 MARKET STREET PHILADELPHIA PA 19107	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio
	DT BARBARA AUSTELL	1101 MARKET STREET PHILADELPHIA, PA 19107	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio

13. 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 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 11 or Block 12 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  
MICHAEL J. O'HARA, VICE PRESIDENT

4/30/2000 215-238-3162

Date Daytime Phone #