

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **23-1530221** Applied For Not Applicab
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Additio
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Additio
STREET ADDRESS CITY-ST-ZIP	

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:  **4/30/2000 215-238-3162**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL J. O'HARA, VICE PRESIDENT** Date Daytime Phone #