

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90235 037 ***150.00

DOCUMENT # 835194

1. Entity 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
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 23-1530221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 _____
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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WELCH, RAY	
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	DT	<input type="checkbox"/> Delete
NAME	AUSTELL, BARBARA	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Michael J. O'Hara* **4/28/01** **215-238-3162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael J. O'Hara, Vice President

CR2E034 (10/00)