

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90356 014 ***150.00

DOCUMENT# 835194

1. Entity Name
Aramark Healthcare Support Services, Inc.

000451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1101 MARKET STREET		3. Mailing Address P.O. BOX 13477	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PHILADELPHIA PA		City & State PHILADELPHIA PA	
Zip 19107	Country PHILA	Zip 19101	Country PHILA

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-1530221	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
PLANTATION, FL 33324	
City PLANTATION	Zip Code FL 33324

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 requirements and elect to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	PRESIDENT <i>Ray Welch</i> 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <i>Michael J. O'Hara</i> 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <i>Barbara Austell</i> 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <i>Priscilla Bodnar</i> 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <i>William Leonard</i> 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <i>Barbara Austell</i> 1101 MARKET STREET PHILADELPHIA, PA 19107

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) of the Florida Statutes. If 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 a manager 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 on an attachment with an address, with the same effect as if made under oath.

SIGNATURE:

Michael J. O'Hara

4/30/02

215-238-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

MICHAEL J. O'HARA, VICE PRESIDENT

CR2E034B (12/01)