


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 044 ***550.00

DOCUMENT # 839264 1. Entity Name ARAMARK UNIFORM & CAREER APPAREL, INC.					
Principal Place of Business 115 NORTH FIRST ST BURBANK, CA 91502			Mailing Address 1101 MARKET ST. PHILADELPHIA, PA 19101		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 95-3082883	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, L.F. <input type="checkbox"/> Delete 115 NORTH 1ST ST BURBANK, CA 91502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARINO, ALEXANDER P <input type="checkbox"/> Delete 115 N 1ST ST BURBANK, CA 91502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, CHRISTOPHER <input type="checkbox"/> Delete 115 N 1ST ST BURBANK, CA 91502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOZZO, THOMAS J <input type="checkbox"/> Delete 115 N 1ST ST BURBANK, CA 91502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMMINS, MEGAN <input type="checkbox"/> Delete 115 N 1ST ST BURBANK, CA 91502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ALEXANDER P. MARINO, VICE PRESIDENT</u>					
4/30/06 215-238-3000					