	IFOR MENT	OR PROFI M BUSINE # 83926	SS]	FILE May 15, 200 Secretary (05-15-2003 90141 0	3 8:0 of Sta	te	0619842 AT
1. Entity Name ARAMARK UNIFORM & CAREER APPAREL, INC.									05-15-2003 90141 0			-
Principal Place of Business 1101 MARKET ST. PHILADELPHIA PA 19101				Mailing Address P.O. BOX 13477 PHILADELPHIA PA 19101				2008022				
2. Principal P	Place of Busine	255	3. Ma	iling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
City & State				City & State			·				Applied For Not Applicable]
Zip	Country			Zip C			· =	5. (Certificate of Status Desired	\$8.75 A	dditional	1
}	6. Name a	and Address of Current	Register	ed Agent		Name		7. 1	Name and Address of New Registere	d Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324						Street Address (P.O. Box Number is Not Acceptable)						
	IUN FL 3332	9				City				Zip Co	ode	ł
 The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent. 							r register	ed ag	ent, or both, in the State of Florida. I a	m familiar wit	h, and accept	1
SIGNATURE		r printed name of registered agent a						<u> </u>	sinstating) DAT			}
👙 After	ILE NOW!!! r May 1, 2003	FEE IS \$150.00 S Fee will be \$550.00 Florida Department of				d Agent signal			Summary S	\$5	.00 May Be ed to Fees	
10.		OFFICERS AND	DIRECTO		11.		 	AD	DITIONS/CHANGES TO OFFICERS A			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1101 10/20			L] Delete						🔲 Change	e 🔲 Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'HARA, M 1101 MARK	ichael J.		Delete				11(EX <i>ander P. Marina</i> 01 MARKET STREET ADELPHIA, PA 19107	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AUSTELL, I 1101 MARK PHILADELP	Barbara Yet st.		Delete					······································	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, 1101 MARK			Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BODNAR, PRISCILLA						5 PI	5 Megan Timmins 1101 MARKET STREET PHILADELPHIA, PA 19107		K Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						Change	Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE:												