

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839363 (9)

1. Corporation Name
ARAMARK FACILITY SERVICES, INC.

Principal Place of Business 1101 MARKET ST. PHILADELPHIA PA 19101	Mailing Address P.O. BOX 13477 PHILADELPHIA PA 19101-3477
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21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 10/24/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 52-0882176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE	NAME MAHONEY, MELVIN STREET ADDRESS 1101 MARKET ST. CITY-ST-ZIP PHILADELPHIA PA 19101
TITLE	P	<input type="checkbox"/> DELETE	NAME CRONK, G M STREET ADDRESS 1101 MARKET ST. CITY-ST-ZIP PHILADELPHIA PA
TITLE	S	<input type="checkbox"/> DELETE	NAME BODNAR, PRISCILLA 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		<input type="checkbox"/> DELETE	NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME AUSTELL BARBARA STREET ADDRESS 1101 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19107
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEYDEN JAY STREET ADDRESS 1101 MARKET ST. CITY-ST-ZIP PHILADELPHIA PA 19107
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/28/97 215-238-3162

CR2E034 (9/96)