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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841602 (6)

1. Corporation Name
UNIFIRST CORPORATION

Principal Place of Business	Mailing Address
68 JONSPIN ROAD WILMINGTON MA 01887	68 JONSPIN ROAD WILMINGTON MA 01887-1090

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/09/1978**
3a. Date of Last Report: **04/24/1996**
4. FEI Number: **04-2103460** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	CD	☐ DELETE
NAME	CROATTI, ALDO A.	
STREET ADDRESS	56 DEER PATH LANE	
CITY-ST-ZIP	WESTON MA	
TITLE	V	☐ DELETE
NAME	BARTLETT, JOHN B.	
STREET ADDRESS	20 BATESON DR.	
CITY-ST-ZIP	ANDOVER MA	
TITLE	TD	☐ DELETE
NAME	CROATTI, CYNTHIA D	
STREET ADDRESS	1 SHADOW LANE	
CITY-ST-ZIP	ANDOVER MA	
TITLE	VP	☐ DELETE
NAME	BOYNTON, BRUCE	
STREET ADDRESS	5291 PARKWOOD PLACE	
CITY-ST-ZIP	MISSIISAUGA CA	
TITLE	PD	☑ DELETE
NAME	DEFILLIPPO, ANTHONY F.	
STREET ADDRESS	9 MILDWOOD RD.	
CITY-ST-ZIP	MIDDLETON MA	
TITLE	XD	☐ DELETE
NAME	EVANS, DONALD J	
STREET ADDRESS	72 N MAIN ST	
CITY-ST-ZIP	COHASSET, MA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	☐ Change ☑ Addition
1.2 NAME	Ronald D. Croatti	
1.3 STREET ADDRESS	21 Jefferson Drive	
1.4 CITY-ST-ZIP	Londonderry, NH 03053	
2.1 TITLE	Executive Vice President	☐ Change ☑ Addition
2.2 NAME	Robert L. Croatti	
2.3 STREET ADDRESS	4 Quimby Lane	
2.4 CITY-ST-ZIP	Atkinson, NH 03811	
3.1 TITLE	Secretary & Clerk	☐ Change ☑ Addition
3.2 NAME	William H. Gorham	
3.3 STREET ADDRESS	159 Claybrook Road	
3.4 CITY-ST-ZIP	Dover, MA 02030	
4.1 TITLE	Director	☐ Change ☑ Addition
4.2 NAME	Reynold L. Hoover	
4.3 STREET ADDRESS	31 Musket Trail	
4.4 CITY-ST-ZIP	Simsbury, CT 06070	
5.1 TITLE	Director	☐ Change ☑ Addition
5.2 NAME	Albert Cohen	
5.3 STREET ADDRESS	14 Middlemost Way	
5.4 CITY-ST-ZIP	Stow, MA 01775	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: