


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 841602</b>	
1. Entity Name <b>UNIFIRST CORPORATION</b>	

Principal Place of Business <b>68 JONSPIN ROAD WILMINGTON, MA 01887</b>	Mailing Address <b>68 JONSPIN ROAD WILMINGTON, MA 01887</b>
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**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-2103460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000339354 04/28/05-80071-020 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARTLETT, JOHN B. 20 BATESON DR. ANDOVER, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CROATTI, CYNTHIA D 51 PAINE AVE PRIDES CROSSING, MA 01965
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOYNTON, BRUCE 74 MOSELY AVE NEWBURYPORT, MA 01950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CROATTI, RONALD D 21 JEFFERSON DRIVE LONDONDERRY, NH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, DONALD J 72 N MAIN ST COHASSET, MA 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Deborah A. McMillan 43 Woods Court Dunstable, MA 01965

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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.

<b>SIGNATURE:</b> <i>Deborah A. McMillan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Deborah A. McMillan Assistant Treasurer</b>	<b>4/21/05</b> Date	<b>(978) 658-8888</b> Daytime Phone #
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