2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841602

FILED Jan 09, 2008 Secretary of State

Entity Nar	ne: UNIFIRS	T CORPORATION				
Current Principal Place of Business:			New Principal Place of Business:			
68 JONSP WILMINGT	IN ROAD ON, MA 0188	37				
Current Mailing Address:			New Mailing Address:			
68 JONSP WILMING1	IN ROAD ON, MA 0188	37				
FEI Number:	04-2103460	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1201 HAYS SUITE 105	SSTREET	CORPORATION SYSTEM INC.				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V (BARTLETT, JO 20 BATESON I ANDOVER, MA	DR.	Title: Name: Address: City-St-Zip:	V BARTLETT, 26 JENKINS ANDOVER,	ROAD	
Title: Name: Address: City-St-Zip:	CROATTI, CYN 51 PAINE AVE) Delete ITHIA SING, MA 01965	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BOYNTON, BR 74 MOSELY AV NEWBURYPOI	/E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (CROATTI, RON 21 JEFFERSO LONDONDERF	N DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D () Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN B. BARTLETT 01/09/2008 ٧

EVANS, DONALD J

COHASSET, MA 02025

72 N MAIN ST

Name:

Address:

City-St-Zip: