

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841602

FILED
Mar 18, 2009
Secretary of State

Entity Name: UNIFIRST CORPORATION

Current Principal Place of Business:

68 JONSPIN ROAD
WILMINGTON, MA 01887

New Principal Place of Business:

Current Mailing Address:

68 JONSPIN ROAD
WILMINGTON, MA 01887

New Mailing Address:

FEI Number: 04-2103460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BARTLETT, JOHN B
Address: 26 JENKINS ROAD
City-St-Zip: ANDOVER, MA 01810

Title: T () Delete
Name: CROATTI, CYNTHIA
Address: 51 PAINE AVE
City-St-Zip: PRIDES CROSSING, MA 01965

Title: VP () Delete
Name: BOYNTON, BRUCE P
Address: 74 MOSELY AVE
City-St-Zip: NEWBURYPORT, MA 01950

Title: DP () Delete
Name: CROATTI, RONALD D
Address: 21 JEFFERSON DRIVE
City-St-Zip: LONDONDERRY, NH 03053

Title: D () Delete
Name: EVANS, DONALD J
Address: 72 N MAIN ST
City-St-Zip: COHASSET, MA 02025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP D (X) Change () Addition
Name: SINTROS, STEVE S CFO, VP
Address: 30 RUTGERS ROAD
City-St-Zip: ANDOVER, MA 01810

Title: T (X) Change () Addition
Name: CROATTI, CYNTHIA TREASUR
Address: 51 PAINE AVE
City-St-Zip: PRIDES CROSSING, MA 01965

Title: SRVP (X) Change () Addition
Name: BOYNTON, BRUCE P SR VP
Address: 74 MOSELY AVE
City-St-Zip: NEWBURYPORT, MA 01950

Title: D P (X) Change () Addition
Name: CROATTI, RONALD D PRES
Address: 21 JEFFERSON DRIVE
City-St-Zip: LONDONDERRY, NH 03053

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT () Change (X) Addition
Name: O'CONNOR, SHANE CONTROL
Address: 6 IROQUOIS ROAD
City-St-Zip: ANDOVER, MA 01810

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.

SIGNATURE: SHANE O'CONNOR

CONT

03/18/2009

Electronic Signature of Signing Officer or Director

Date