

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90235 042 \*\*\*150.00

**DOCUMENT # F00000001030**

1. Entity Name

**ARAMARK EXECUTIVE MANAGEMENT SERVICES USA, INC.**

Principal Place of Business

Mailing Address

**1101 MARKET STREET  
PHILADELPHIA PA 19107**

**1101 MARKET STREET  
PHILADELPHIA PA 19107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-3029011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	AUSTELL, BARBARA A	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONARD, WILLIAM	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'HARA, MICHAEL	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	S	<input type="checkbox"/> Delete
NAME	BODNAR, PRISCILLA M	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITH, ALAN	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	THON, RICHARD	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Lafferty
STREET ADDRESS	1101 market street
CITY-ST-ZIP	philadelphia pa 19107
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*MICHAEL J. O'HARA, Vice President*

*4/28/01*

Date

*215-238-3162*

Daytime Phone #

CR2E034 (10/00)