## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 15, 2007 8:00 am O Secretary of State DOCUMENT # F01000006549 05-15-2007 90010 015 \*\*\*550.00 ARAMARK SCHOOLS, INC. Principal Place of Business Mailing Address 40119900 1101 MARKET STREET PO BOX 13477 PHILADELPHIA, PA 19101 PHILADELPHIA, PA 19107 CR2E034 (11/05) 04292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-3102689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SUTHERLAND, FREDERICK L NAME 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 MARINO, ALEXANDER P NAME STREET ADDRESS 1101 MARKET STREET PHILADELPHIA, PA 19107 CITY-ST-7IP MLE TIMMINS, MEGAN STREET ADDRESS 1101 MARKET STREET DO NOT WRITE CITY-ST-ZIP PHILADELPHIA, PA 19107 TRIF IN THIS SPACE HOLLAND, CHRISTOPHER NAME 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

**FILED** 

SIGNATURE: