FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90356 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006563

658427

1. Entity Name
Aramark Campus, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1101 MARKET STREET	P.O. BOX 13477
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PHILADELPHIA PA	City & State: PHILADELPHIA PA
Zip: 19107 Country: PHILA	Zip: 19101 Country: PHILA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-3102688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Numbers Not Acceptable): 1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324
City: PLANTATION **FL** Zip Code: 33324

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	William Leonard
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	VICE PRESIDENT
NAME	Michael J. O'Hara
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	TREASURER
NAME	Barbara Austell
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	SECRETARY
NAME	Priscilla Bodnar
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	DIRECTOR
NAME	Barbara Austell
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	DIRECTOR
NAME	William Leonard
STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 appea rs in Block 11 or an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 215-238-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)