## 2006 FOR PROFIT CORPORATION

. 1

## May 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F01000006563** 05-10-2006 90096 046 \*\*\*550.00 1. Entity Name ARAMARK CAMPUS, INC. Principal Place of Business Mailing Address CUOTEUU 1101 MARKET STREET P 0 R0X 13477 PHILADELPHIA, PA 19101 PHILADELPHIA, PA 19107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04262006 CR2E034 (11/05) City & State Applied For City & State 4 FEI Number 23-3102688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition SUTHERLAND, FREDERICK L NAME STREET ADDRESS 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARINO, ALEXANDER NAME NAME STREET ADDRESS 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 CITY-ST-ZIP TITLE Delete Addition TITLE TIMMINS, MEGAN NAME STREET ADDRESS 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLLAND, CHRISTOPHER NAME NAME STREET ADDRESS 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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

NO VACE TRESIDENT

changed, or on an attachment with an address, with all other like empow

SIGNATURE:

**FILED** 

215-238-3000