

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 045 ***150.00

DOCUMENT # F03000005398

1. Entity Name
UNIFIRST-FIRST AID CORPORATION



Principal Place of Business

Mailing Address

UNIFIRST - FIRST AID CORP
17251 ALLEGOCENTER RD #1
FT. MYERS, FL 33912

UNIFIRST - FIRST AID CORP
4159 SHORELINE DR
- ST. LOUIS, MO 63045

50026606



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2152049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROATTI, RONALD D
STREET ADDRESS 68 JONSPIN ROAD
CITY-ST-ZIP WILMINGTON, MA 01887

TITLE VSD
NAME BARTLETT, JOHN B
STREET ADDRESS 68 JONSPIN ROAD
CITY-ST-ZIP WILMINGTON, MA 01887

TITLE TD
NAME CROATTI, CYNTHIA
STREET ADDRESS 68 JONSPIN ROAD
CITY-ST-ZIP WILMINGTON, MA 01887

TITLE V
NAME LEWIS, TODD T
STREET ADDRESS 4159 SHORELINE DRIVE
CITY-ST-ZIP ST. LOUIS, MO 63045

TITLE Assistant Treasurer
NAME Deborah A. McMillan
STREET ADDRESS 68 JONSPIN RD
CITY-ST-ZIP WILMINGTON, MA 01887

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah A. McMillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

Date

Daytime Phone #

ATTACHMENT

F0300000.5398

50026606

UNIFIRST-FIRST AID CORPORATION OFFICERS AND DIRECTORS

<u>Name and Title</u>	<u>Business Address</u>
Ronald D. Croatti President <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
John B. Bartlett Vice President & Secretary <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
Cynthia Croatti Treasurer <i>Director</i>	68 Jonspin Road Wilmington, MA 01887
Todd T. Lewis Vice President	4159 Shoreline Drive St. Louis, MO 63045
Deborah A. McMillan Assistant Treasurer	68 Jonspin Road Wilmington, MA 01887