

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006430 (2)

1. Corporation Name

ARAMARK EDUCATIONAL GROUP, INC.



Principal Place of Business

1101 MARKET ST.
PHILADELPHIA PA 19107

Mailing Address

1101 MARKET ST.
PHILADELPHIA PA 19107

3. Date Incorporated or Qualified
12/16/1994

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable

NOTE: Registered Agent signature required when re-stating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME KOESTER, CLARENCE E
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19107

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME BALLARD, BRUCE E
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19107

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME O'HARA, MICHAEL
STREET ADDRESS 1101 MARKET ST
CITY-ST-ZIP PHILADELPHIA PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME WATSON, HOWARD
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19107

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME BODNAR, PRISCILLA M
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19107

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME MAHONEY, MELVIN M
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA PA 19107

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. OUNSA, VICE PRESIDENT

4-28-96

215-238-3162

DATE

Daytime Phone #

CR2E034 (12/95)