## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9400006430

1. Entity Name

ARAMARK EDUCATIONAL GROUP, INC.



FILED
May 15, 2003 8:00 am §
Secretary of State

05-15-2003 90144 001 \*\*\*150.00 05-15-2003 90144 002 \*\*\*400.00

| Principal Plac<br>1101 MARKET<br>PHILADELPHIA  |   | Mailing Address 1101 MARKET ST. PHILADELPHIA PA 19107 |  |               |   |  |   |                 |            |  |
|--|---|---|--|---------------|---|--|---|-----------------|------------|--|
| 2. Principal P   | lace of Business  | 3. Mailing Address                                    |  |               |   | F LANDERAND FREM ENTRE MENTE MONTH MAN             | 16 <b>0.0</b> 141 <b>00</b> 141 <b>00</b> 1 | PO BRILL BIORS  |            |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                   |  |               | CHECK HERE IF MAKING CHANGES                                      |  |   |                 |            |  |
| City & Stat  |   | City & State  |  |               | <b>4.</b> F   | 4. FEI Number 23-2573586 Applied For Not Applicabl |   |                 |            |  |
| Zip  | Country Zip Cou   |   |  | у             | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |  |   |                 |            |  |
|  | 6. Name and Address of Current R                        | legistered Agent                                      |  |               |   | 7. Name and Address of New Registered Agent        |   |                 |            |  |
|  |   |   |  | Name          |   |  |   |                 |            |  |
|  | PORATION SYSTEM   |   | Street Address (P.O. Box Number is Not Acceptable) |               |   |  |   |                 |            |  |
|  | ine island RD.  |   |  |               |   |  |   |                 |            |  |
| Plantati   | ON FL 33324   |   | j  |               |   |  |   |                 |            |  |
| •  |   |   |  | City          |   |  | FL  | Zip Cod         | .e         |  |
|  | named entity submits this statement for                 | the purpose of changing its                           | registere  | d office or   | registered age  | ent, or both, in the State of Flo                  | rida. I am fa                               | miliar with,    | and accept |  |
| the obligat  | ions of registered agent,                               |   |  |               |   |  |   | 1               |            |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent an | nd title if applicable. (NOTE                         | : Registered                                       | Agent signati | re required when rei  | instating)   | DATE  |                 |            |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |   |   |  |               |   | Election Campaign Fin     Trust Fund Contribution  |   |                 | 00 May Be  |  |
| 10.  | OFFICERS AND D  | DIRECTORS   |  | AD            | DITIONS/CHANGES TO OFFI   | CERS AND D   | JIRECTOR:                                   | S IN 11         |            |  |
| TITLE  | P Delete TIT  |   | TITLE  |               |   |  | · ;   | Change          | Addition   |  |
| NAME   | DONOVAN, JOHN   |   | NAME   |               |   |  | 1   |                 |            |  |
| STREET ADDRESS   | 1101 MARKET ST.   |   |  | T ADDRESS     |   |  |   |                 |            |  |
| CITY-ST-ZIP  |   |   |  | ST-ZIP        |   | · <del></del>                                      |   |                 |            |  |
| TITLE<br>NAME  | TD Delete AUSTELL, BARBARA                              |   | TITLE<br>NAME                                      |               |   |  |   | ☐ Change        | Addition   |  |
| STREET ADDRESS   | 1101 MARKET ST.   |   |  | T ADDRESS     |   |  |   |                 |            |  |
| CITY-ST-ZIP  |   |   | CITY-  | ST-ZIP        |   |  | :   |                 |            |  |
| TITLE  | V   | ☑ Delete  | TITLE  | -             | V.P. al   | xander Mar   | •   | <b>⊻</b> Change | Addition   |  |
| NAME   | O'HARA, MICAHEL   |   | NAME   |               | 110   | 1 MARKET STREET                                    | ino.  |                 | }          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1101 MARKET ST  |   | STREE<br>CITY-                                     | TADDRESS      |   |  | ,   |                 | }          |  |
| -  | PHILADELPHIA PA   |   |  | 21-71F        | PHILI   | <u>ADELPHIA, PA 19107</u>                          |   |                 |            |  |
| TITLE<br>NAME  | D 💮<br>Leonard, William                                 | ☐ Delete  | TITLE<br>NAME                                      |               |   |  | ٠ .   | Change          | Addition   |  |
| STREET ADDRESS   | 1101 MARKET ST.   |   | 1  | T ADDRESS     |   |  | *   |                 | .          |  |
| CITY-ST-ZIP  | PHILADELPHIA PA   |   | CITY-5   |               |   |  |   |                 | ĺ          |  |
| TITLE  | S   | ☑ Delete  | TITLE  |               | 5. Men  | an Timmins   |   | ➤ Change        | Addition   |  |
| NAME   | BODNAR, PRISCILLA M                                     |   | . NAME   |               |   |  |   |                 |            |  |
| STREET ADDRESS   | 1101 MARKET ST.   |   |  | ADDRESS       |   | 1 MARKET STREET                                    |   |                 | }          |  |
| CITY-ST-ZIP  | PHILADELPHIA PA 19107                                   |   | CITY-S   | ST-ZIP        | PHIL  | ADELPHIA, PA 19107                                 | <del></del>                                 |                 |            |  |
| TITLE  |   | ☐ Delete  | TITLE  |               |   |  | [   | Change          | ☐ Addition |  |
| NAME<br>Street address   |   |   | NAME   | ADDRESS       |   |  |   |                 |            |  |
| CITY-ST-ZIP  |   |   | CITY-S   |               | ·   |  |   |                 | }          |  |
| ,  |   |   |  |               |   |  |   |                 | I          |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORCE PRESIDENT

4/28/03

215.238-3000

Daytime Phone # ,

CR2E034 (10/02)