

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 12 AM 11:07

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

500013263915
02/28/03--01015--004 **\$900.00

500013263915
02/28/03--01015--003 **\$150.00

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #F96000005952			
1. Corporation Name PREMIER TECHNOLOGY MANAGEMENT, INC.			
2. Principal Office Address 1101 Market Street		3. Mailing Office Address 1101 Market Street	
Suite, Apt. #, etc. ARAMARK TOWER		Suite, Apt. #, etc. ARAMARK TOWER	
City & State Philadelphia PA		City & State Philadelphia PA	
Zip 19107	Country Philadelphia	Zip 19107	Country Philadelphia

4. Date Incorporated or Qualified To Do Business in Florida 11/14/96	
5. FEI Number 330694408	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name C T Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent Margaret E. Routzahn MARGARET E. ROUTZAHN Date 2/10/03
REGISTERED AGENT MUST SIGN Special Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

See attached

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 61 T, F.S. I further certify* that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date

255 238 3241
Daytime Phone #

ARAMARK Clinical Technology Services, Inc.

2022

Directors

Barbara A. Austell

Director

William Leonard

Director

Officers

Andrew Kerin

President

John Babiarz

Vice President

Harry Carpenter

Vice President

Christopher Ciatto

Vice President

Alexander P. Marino

Vice President

Barbara A. Austell

Treasurer

Megan C. Timmins

Secretary

John B. Benjamin

Assistant Treasurer

John M. Lafferty

Assistant Treasurer

William G. Kiesling

Assistant Secretary

James J. Leyden

Assistant Secretary

Laurence G. Miller

Assistant Secretary

The Business address for each officer and director is: 1101 Market Street
ARAMARK Tower, 29th Floor, Philadelphia, PA 19107