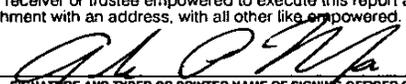


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90158 025 ***150.00

DOCUMENT # F99000001966					
1. Entity Name ARAMARK CAPITAL ASSET SERVICES, INC.					
Principal Place of Business 1101 MARKET ST. PHILADELPHIA, PA 19107			Mailing Address PO BOX 13477 PHILADELPHIA, PA 19101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 39-1551693	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIATTO, CHRISTOPHER		NAME	MARY ANN WYMAN	
STREET ADDRESS	1101 MARKET ST.		STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107		CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, ALEXANDER P		NAME		
STREET ADDRESS	1101 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19107		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CHRISTOPHER		NAME		
STREET ADDRESS	1101 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19107		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMINS, MEGAN		NAME		
STREET ADDRESS	1101 MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19107		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, WILLIAM		NAME	L. FREDERICK SUTHERLAND	
STREET ADDRESS	1101 MARKET ST.		STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107		CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(f), 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: 		5/10/05		215-238-3162	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Alexander P. Marino					