

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 034 ***550.00

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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**

DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number
39-1551693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WYMAN, MARY ANN
1101 MARKET STREET
PHILADELPHIA, PA 19107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARINO, ALEXANDER P
1101 MARKET ST.
PHILADELPHIA, PA 19107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HOLLAND, CHRISTOPHER
1101 MARKET ST.
PHILADELPHIA, PA 19107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TIMMINS, MEGAN
1101 MARKET ST.
PHILADELPHIA, PA 19107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUTHERLAND, L. FREDRICK
1101 MARKET ST.
PHILADELPHIA, PA 19107**

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 exemptions contained in Chapter 119, 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 DIRECTOR

4/30/2007
Date

215-238-3000
Daytime Phone #

ALEXANDER P MARINO, VICE PRESIDENT