

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P13272 (0)

1. Corporation Name  
ARAMARK UNIFORM SERVICES II, INC.

Principal Place of Business  
1101 MARKET ST  
PHILADELPHIA PA 19107

Mailing Address  
P.O. BOX 19477  
PHILADELPHIA PA 19101-3477



3. Date Incorporated or Qualified 02/17/1987 3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 43-0716977		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENWAY, A. FRED	1.2 NAME	
STREET ADDRESS	1101 MARKET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, MICHAEL J	2.2 NAME	
STREET ADDRESS	1101 MARKET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, L.F.	3.2 NAME	
STREET ADDRESS	1101 MARKET ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MELVIN	4.2 NAME	TID
STREET ADDRESS	1101 MARKET ST	4.3 STREET ADDRESS	RUSTELL, BARBARA
CITY-ST-ZIP	PHILADELPHIA PA 19107	4.4 CITY-ST-ZIP	1101 MARKET STREET
TITLE	S	5.1 TITLE	PHILADELPHIA, PA 19107
NAME	BODNAR, PRISCILLA	5.2 NAME	
STREET ADDRESS	1101 MARKET ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_

4/28/97 215-238-3162

CR2E034 (9/96)