

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90016 028 ***150.00

DOCUMENT # P30454

1. Entity Name

G&K SERVICES, CO.

Principal Place of Business

**5995 OPUS PARKWAY, SUITE 500
 MINNETONKA MN 55343**

Mailing Address

**5995 OPUS PARKWAY, SUITE 500
 MINNETONKA MN 55343**

2. Principal Place of Business

3. Mailing Address

**5995 Opus Parkway
 Suite 500, Attn. Tax Dept.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Minnetonka, MN

Zip

Country

Zip

Country

55343

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1670526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
 NAME **FINK, RICHARD**
 STREET ADDRESS **5995 OPUS PARKWAY, SUITE 500**
 CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MOBERLY, THOMAS**
 STREET ADDRESS **5995 OPUS PARKWAY, SUITE 500**
 CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **WRIGHT, JEFFREY**
 STREET ADDRESS **5995 OPUS PARKWAY, SUITE 500**
 CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE ☒ Change ☐ Addition
 NAME **Secretary Wright, Jeffrey L**
 STREET ADDRESS **5995 Opus Parkway Suite 500**
 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Treasurer Stolt, Glenn L**
 STREET ADDRESS **5995 Opus Parkway, Suite 500**
 CITY-ST-ZIP **Minnetonka, MN 55343**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Wright 1/25/02 952-912-5500

Date

Daytime Phone #

CR2E034 (9/01)