


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
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DOCUMENT # P38147 (5)

1. Corporation Name
ARAMARK FACILITIES MANAGEMENT, INC.



Principal Place of Business 1101 MARKET STREET PHILADELPHIA PA 19107	Mailing Address 1101 MARKET STREET PHILADELPHIA PA 19107-2834
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3. Date Incorporated or Qualified 04/01/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 23-2636400		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		22. City & State		27. City & State	
23. Zip		25. Country		28. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			
				85. Zip Code			

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, CHARLES	1.2 NAME	
STREET ADDRESS	1101 MARKET STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MELVIN	2.2 NAME	
STREET ADDRESS	1101 MARKET STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODNAR, PRISCILLA M	3.2 NAME	
STREET ADDRESS	1101 MARKET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MELVIN M.	4.2 NAME	DIT
STREET ADDRESS	1101 MARKET STREET	4.3 STREET ADDRESS	AUSTELL, BARBARA
CITY-ST-ZIP	PHILADELPHIA PA 19107	4.4 CITY-ST-ZIP	1101 MARKET ST PHILADELPHIA, PA 19107
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, MICHAEL J.	5.2 NAME	
STREET ADDRESS	1101 MARKET STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19107	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, WILLIAM	6.2 NAME	GILLESPIE, CHARLES
STREET ADDRESS	1101 MARKET ST.	6.3 STREET ADDRESS	1101 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	PHILADELPHIA, PA 19107

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:  DATE: **4/28/97** **2-15-238-311**

CR2E034 (9/96)