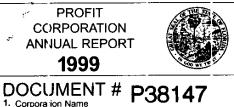
ARAMARK FACILITIES MANAGEMENT, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90068 036 ***150.00

Principal Place	e of Business	Mailing Address								
1101 MARKET STREET		1101 MARKET STREET								
PHILADELPHIA PA 19107		PHILADELPHIA PA 19107					DO NOT WRI	TE IN THIS	SPACE	
						3. Date ir corporated or Qualifed				
2 5-1		2a. Mailing Address				04/01 4. FEI NU				Applied For
Z. Principa Pi	ace of Business	ļ1				1				Not Applicable
21		26 Suite Ast # etc				23-2636400			\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			I	
22		City & State								
City & State		City & State				6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees				
23		28								
Zip ─	Courtry	Zip	_	, ·			is corporation owes the current year intangible rsor al Property Tax. ☐ Yes ☐ No			
24	25		30				and Address of New i	Pagistars d. /		
	9. Name and Address of Current	Registered Agent	8	11 No	ame	TO. Name	and Address of New /	registere u /	yent	
0.7	CODDODATION SYSTEM		"	11 116	anie					
	CORPORATION SYSTEM		82 Street Ac di			ress (P.O. Bo> Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD		L							
PLAN	ITATION FL 33324		8	13						
			8	4 Ci	itv				85 Zi	o Code
					•			FL		
office crn	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligate	f Florida. Such change was ∋u	thorized b	by the o	med or rpo corporation	ration submin's board of d	s this statement for the firectors. I hereby acce	pt the apt oir	tment as	registered
SIGNATUFE						to a sinctation		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	gent signi	tature required	when reinstating)	NS/CHANGES TO OF		D DIRECT	TORS IN 12
		DELETE	1.1 TITLE			- ADDITION	311070111111020 10 01		☐ Change	
TITLE	D CHARGE CHARLES									
NAME	GILLESPIE, CHARLES		1.2 NAME							
STREET ADDRESS	1101 MARKET STREET			EET ADD						
CITY-ST-ZIP	PHILADELPHIA PA	C) pourse	14 CITY		<u>' </u>		 		Chang	e Addition
TITLE	S	☐ DELETE 2.1							Chang	e LI Addition
NAME	BODNAR, PRISCILLA M	CILLA M		2.2 NAME						
STREET ADORESS	1101 MARKET STREET		2.3 STRE	2.3 STREET ADDRESS						1
CITY-ST-ZIP	PHILADELPHIA PA 19107		2. 4 CITY	/-ST-ZIP	·					
TITLE	DT	☐ DELETE 3.1 T		Ε					Chang	e 🗌 Addition
NAME	AUSTELL, BARBARA		3 2 NAM	E						
STREET ADORESS	1101 MARKET STREET		3.3 STRE	EET ADDI	RESS					
CITY-ST-ZIP	PHILADELPHIA_PA		3.4. CITY	/-ST-ZIP	,					
TITLE	VP	☐ DELETE	4.1 TITLE	E					Chang	e 🔲 Addition
NAME	O'HARA, MICHAEL J.		4. 2 NAM	Æ						
STREET ADDRESS			43 STRE	EET ADDI	RESS					1
CITY-ST-ZIP	PHILADELPHIA PA 19107		4.4 CITY							
TITLE	FINLADELFINA FA 1910/	☐ DELETE	5.1 TITLE						Chang	e Addition
NAME			5.2 NAM							į
			5.3 STRE		RESS					ļ
STREET ADDRESS			5.4 CITY							}
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE						☐ Chang	e
TITLE			6.2 NAMI							
NAME			6.3 STRE		DESS.					ŀ
STREET ADDRESS										
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	′ l					

14. I herety certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(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 attagramment with a address, with all other like empowered.

SIGNATURE:

SIGNAT JRE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR