


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90096 036 \*\*\*550.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P39325</b><br>1. Entity Name<br>ARAMARK SM MANAGEMENT SERVICES, INC.   |  |  |   |                |  |
| Principal Place of Business<br>1101 MARKET STREET<br>PHILADELPHIA, PA 19107  |  |  | Mailing Address<br>PO BOX 13477<br>PHILADELPHIA, PA 19101   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   | 04262006    Chg-P    CR2E034 (11/05)  |  |
| Zip  |  | Country  |   | 4. FEI Number<br><b>36-3744854</b>  |  |
|  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE  | D<br>HOLLAND, CHRISTOPHER <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | P<br>KERIN, ANDREW <input type="checkbox"/> Delete         |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | VP<br>MARINO, ALEXANDER <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | T<br>HOLLAND, CHRISTOPHER <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | S<br>TIMMINS, MEGAN <input type="checkbox"/> Delete        |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| TITLE  | D<br>SUTHERLAND, FREDERICK <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | 1101 MARKET STREET   |  | NAME  |   |  |
| STREET ADDRESS   | PHILADELPHIA, PA 19107                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP   |   |  |
| 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>ALEXANDER P. MARINO, VICE PRESIDENT  |  |  | Date: 4/30/06    Daytime Phone #: 215-238-3000  |   |  |

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