## **2007 FOR PROFIT CORPORATION**

## May 15, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P39325** 05-15-2007 90010 033 \*\*\*550.00 1. Entity Name ARAMARK SM MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address PO BOX 13477 1101 MARKET STREET PHILADELPHIA, PA 19101 PHILADELPHIA, PA 19107 04292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3744854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MHOLLAND, CHRISTOPHER TITLE HOLLAND, CHRISTOPHER 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 TITLE KERIN, ANDREW 1101 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19107 NAME MARINO, ALEXANDER 1101 MARKET STREET STREET ADDRESS DO NOT WRITE PH!LADELPHIA, PA 19107 CITY-ST-ZIP IN THIS SPACE HOLLAND, CHRISTOPHER NAME STREET ADDRESS 1101 MARKET STREET PHILADELPHIA, PA 19107 CITY-ST-ZIP TITLE TIMMINS, MEGAN NAME STREET ADDRESS 1101 MARKET STREET

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:

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

PHILADELPHIA, PA 19107

SUTHERLAND, FREDERICK

1101 MARKET STREET

PHILADELPHIA, PA 19107

SIGNATURE AND CYPED OR

FILED