

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004946

**Entity Name:** ARAMARK HEALTHCARE TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2300 WARRENVILLE ROAD  
DOWNERS GROVE, IL 60515

**Current Mailing Address:**

2300 WARRENVILLE ROAD  
DOWNERS GROVE, IL 60515

**FEI Number: 33-0694408**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ARAMARK CTS, LLC  
Address 1101 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19107

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA RAPONE**

**VP/AUTHORIZED  
REPRESENTATIVE**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date