

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90356 036 ***150.00

UBR/02
 11

DOCUMENT # 819011
 1. Entity Name
ARAMARK AMERICAN FOOD SERVICES, INC.

Principal Place of Business Mailing Address
% OGDEN CORP. **% OGDEN CORP.**
2 PENN PLAZA. 26TH FLOOR **2 PENN PLAZA. 26TH FLOOR**
NEW YORK NY 10121 **NEW YORK NY 10121**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Aramark American Food Services, Inc**
 Suite, Apt. #, etc. **1101 Market Street**
 City & State **Philadelphia Pa**
 Zip **19107** Country **USA**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **34-4197320** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PD GILLESPIE, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE NAME	T AUSTELL, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE NAME	S BODNAR, PRISCILLA	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE NAME	D AUSTELL, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE NAME	V O'HARA, MICHAEL J	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE NAME	D GILLESPIE, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19107	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Bodnar* **Michael J. Bodnar, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 215-238-3162
Date Daytime Phone #

CR2E034 (9/01)