

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90538 001 ***150.00
 05-16-2003 90538 002 ***400.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000004319

1. Entity Name
ARAMARK EDUCATIONAL RESOURCES, INC.

KNOWLEDGE LEARNING ENTERPRISES, INC



Principal Place of Business
 573 PARK POINT DRIVE
 GOLDEN, CO 80401

Mailing Address
 573 PARK POINT DRIVE
 GOLDEN, CO 80401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
75-1304369

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003, Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **LARSON, DUANE V**
 STREET ADDRESS **573 PARK POINT DRIVE**
 CITY-ST-ZIP **GOLDEN, CO 80401**

TITLE **PD Jeff Wheatley** Change Addition
 NAME **JEFF WHEATLEY**
 STREET ADDRESS **1101 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA, PA 19107**

TITLE **S** Delete
 NAME **VANVEEN, PETER**
 STREET ADDRESS **1101 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA, PA 19107**

TITLE **1101 MARKET STREET** Change Addition
 NAME
 STREET ADDRESS **PHILADELPHIA, PA 19107**
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **O'HARA, MICHAEL J**
 STREET ADDRESS **1101 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA, PA 19107**

TITLE **VP Alexander P. Marino** Change Addition
 NAME **ALEXANDER P. MARINO**
 STREET ADDRESS **1101 MARKET STREET**
 CITY-ST-ZIP **PHILADELPHIA, PA 19107**

TITLE **DT** Delete
 NAME **AUSTELL, BARBARA**
 STREET ADDRESS **1101 MARKET ST**
 CITY-ST-ZIP **PHILADELPHIA, PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **OHARA, MICHAEL**
 STREET ADDRESS **1101 MARKET ST**
 CITY-ST-ZIP **PHILADELPHIA, PA**

TITLE **1101 MARKET STREET** Change Addition
 NAME
 STREET ADDRESS **PHILADELPHIA, PA 19107**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexander P. Marino* **ALEXANDER P. MARINO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT**

4/28/03 **215-238-3000**
 Date Daytime Phone #

CR2E034 (10/02)