

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90196 027 \*\*\*150.00

**DOCUMENT # F96000004319**

1. Entity Name

**ARAMARK EDUCATIONAL RESOURCES, INC.**

Principal Place of Business

Mailing Address

573 PARK POINT DRIVE  
 GOLDEN CO 80401

573 PARK POINT DRIVE  
 GOLDEN CO 80401-7042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARSON, DUANE V	
STREET ADDRESS	573 PARK POINT DRIVE	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	S	<input type="checkbox"/> Delete
NAME	VANVEEN, PETER	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	TURPENOFF, RICK	
STREET ADDRESS	573 PARK POINT DRIVE	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, JOHN	
STREET ADDRESS	573 PARK POINT DRIVE	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AUSTELL, BARBARA	
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OHARA, MICHAEL	
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. O'HARA	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL J. O'HARA, Vice PRESIDENT**

4/30/2000

215-238-3162

Date

Daytime Phone #

CR2E034 (9/99)