


No. <b>L 2033</b>	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>				1. <b>Mailing Address: Correct in this box if needed.</b> ARAMARK MANAGEMENT SERVICES LIMITED PARTNERSHIP Lucy Kline <del>INDIANAPOLIS</del> 1101 MARKET ST PHILADELPHIA PA 19107	3. <u>New</u> Registered Agent Signature.												
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7">General Partner, Aramark SMMS LLC, 1101 Market St., Philadelphia PA Philadelphia 19107</td> </tr> </tbody> </table>				General Partners	Name	Street or PO Address	City	State	Country	Postal Code	General Partner, Aramark SMMS LLC, 1101 Market St., Philadelphia PA Philadelphia 19107						
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General Partner, Aramark SMMS LLC, 1101 Market St., Philadelphia PA Philadelphia 19107																	
5. Organized Under the Laws of:  <b>DELAWARE</b> <b>L 2033</b>	6. Signature:  Name (type or print): Lucy Kline, Licensing Specialist			Date: 9/21/16 Title:													
Issued 09/21/2016 by online			107308														