

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 79949</b>   | <b>Due no later than Dec 31, 2015</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>ARAMARK FACILITY SERVICES, LLC<br>ARAMARK CORPORATION<br>1101 MARKET ST<br>PHILADELPHIA PA 19107 |   | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |       |         |             |
|  |   |   | 3. <u>New</u> Registered Agent Signature:*                         |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |   |   |  |       |         |             |
| Office Held  | Name  | Street or PO Address  | City   | State | Country | Postal Code |
| MEMBER   | ARAMARK CORPORATION   | 1101 MARKET STREET  | PHILADELPHIA   | PA    | USA     | 19107       |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 79949</b>   | 6. Annual Report must be signed.*<br>Signature: Patricia Rapone<br>Name (type or print): Patricia Rapone  |   | Date: 10/16/2015<br>Title: Vice President                          |       |         |             |
| Processed 10/16/2015   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |