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| No. W 25745 | | Due no later than Sep 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ARAMARK FHC CAMPUS SERVICES, LLC LUCY KLINE 1101 MARKET ST ARAMARK TOWER PHILADELPHIA PA 19107 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 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 | MARK NELSON | 1101 MARKET ST ARAMARK TOWER | PHILADELPHIA | PA | 19107 |
| MEMBER | PATRICIA RAPONE | 1101 MARKET STREET ARAMARK TOWER | PHILADELPHIA | PA | USA 19107 |
| MEMBER | CHRISTIAN DIRX | 1101 MARKET STREET ARAMARK TOWER | PHILADELPHIA | PA | USA 19107 |
| MEMBER | ARAMARK FHC, LLC | 1101 MARKET STREET | PHILADELPHIA | PA | USA 19107 |
| 5. Organized Under the Laws of: DE W 25745 | | 6. Annual Report must be signed.* Signature: Lucy Kline Name (type or print): Lucy Kline Date: 09/21/2016 Title: Licensing Specialist | | | |
| Processed 09/21/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |