2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90038 018 ***150.00

DOCUMENT # F97000001892

1. Entity Name
ABM ENGINEERING SERVICES COMPANY

Principal Place of Business
160 PACIFIC AVE. STE 222
SAN FRANCISCO CA 94111
US

Mailing Address
160 PACIFIC AVE. STE 222
SAN FRANCISCO CA 94111
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 95-2543310 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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, 2001 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	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	STEELE, WILLIAM W	NAME	Henrik Slipsager
STREET ADDRESS	160 PACIFIC AVE, STE 222	STREET ADDRESS	160 Pacific Ave., Ste 222
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	San Francisco, CA. 94111
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANDLES, MARTINN H	NAME	
STREET ADDRESS	160 PACIFIC AVE, STE 222	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCRANTON, JAMES C	NAME	
STREET ADDRESS	5300 S EASTERN AVE, STE 100	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90040	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENTON, JESS E III	NAME	
STREET ADDRESS	160 PACIFIC AVE, STE 222	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOOTH, CHARLES M	NAME	
STREET ADDRESS	5300 S EASTERN AVE STE 100	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90040	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOWLUS, DOUGLAS B	NAME	
STREET ADDRESS	160 PALIPIC AVENUE SUITE 232	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE: x D Berwleet Treasurer 04/20/01 (415) 733-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #