

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90130 010 ***150.00

0925555 AT

DOCUMENT # P08555

1. Entity Name
ROLLINS, INC.



Principal Place of Business
**2170 PIEDMONT RD., N.E.
ATLANTA GA 30324**

Mailing Address
**CORPORATE TAXES
2170 PIEDMONT RD. NE
ATLANTA GA 30324**

J0010041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0068479**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES B.	
STREET ADDRESS	2170 PIEDMONT RD. NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLLINS, GARY W.	
STREET ADDRESS	2170 PIEDMONT RD., N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	CYNKAS, HARRY J	
STREET ADDRESS	2170 PIEDMONT RD., N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLINS, R RANDALL	
STREET ADDRESS	2170 PIEDMONT RD., N.E.	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPPIE, HENRY B.	
STREET ADDRESS	2170 PIEDMONT RD., N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOONEY, WILTON	
STREET ADDRESS	2170 PIEDMONT RD. NE	
CITY-ST-ZIP	ATLANTA GA	

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rollins, Glen W.
STREET ADDRESS	2170 Piedmont RD. NE
CITY-ST-ZIP	Atlanta, GA, 30324
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S Knottck, Michael W
STREET ADDRESS	2170 Piedmont RD NE
CITY-ST-ZIP	Atlanta, GA, 30324
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Dismuke, Bill J.
STREET ADDRESS	2170 Piedmont RD NE
CITY-ST-ZIP	Atlanta, GA 30324
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CFO + Treasurer 1/27/03 404-888-2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)