

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40472 (3)**  
 1. Corporation Name  
**ROLLINS TECHNICAL SERVICES CO.**



Principal Place of Business <b>123 NORTH WACKER DRIVE CHICAGO IL 60606</b>	Mailing Address <b>123 NORTH WACKER DRIVE CHICAGO IL 60606</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/08/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 <b>P.O. Box 8264</b>	4. FEI Number <b>36-3617072</b>		Applied For Not Applicable	
22 City & State	27 <b>Chicago IL</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>60606</b> Country	28 <b>60606</b> Country <b>IL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>60606</b> Country	29 <b>60606</b> Country <b>COOK</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WADE, ROGER</b>	1.2 NAME	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V STAPLETON, JANE</b>	2.2 NAME	
STREET ADDRESS	<b>111 E. WACKER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V STRENK, FRANK</b>	3.2 NAME	<b>TREASURER</b>
STREET ADDRESS	<b>111 E. WACKER DRIVE</b>	3.3 STREET ADDRESS	<b>ARLENE H. HARDY</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	<b>123 N WACKER DR CHICAGO IL 60606</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S JESCHKE, ARLENE</b>	4.2 NAME	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AV GROB, ROBERT</b>	5.2 NAME	<b>AND</b>
STREET ADDRESS	<b>500 WASHINGTON AVE.</b>	5.3 STREET ADDRESS	<b>SUSAN M FUDA</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	<b>123 N. WACKER DR CHICAGO IL 60606</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAS HANNER, JEROME S.</b>	6.2 NAME	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **7-30-97**

CR2E034 (497)