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**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90005 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P40472**

1. Corporation Name  
**ROLLINS TECHNICAL SERVICES CO.**

Principal Place of Business  
 123 NORTH WACKER DRIVE  
 CHICAGO IL 60606

Mailing Address  
 P.O BOX 8264  
 CHICAGO IL 60680  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1992

4. FEI Number

36-3617072

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME WADE, ROGER  
 STREET ADDRESS 123 N. WACKER DRIVE  
 CITY-ST-ZIP CHICAGO IL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 D  
 Munger, Daniel F.  
 123 N. wacker Dr.  
 Chicago, IL 60606

TITLE  DELETE  
 NAME STAPLETON, JANE  
 STREET ADDRESS 111 E. WACKER DRIVE  
 CITY-ST-ZIP CHICAGO IL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME HARDY, ARLENE H  
 STREET ADDRESS 123 N WACKER DR  
 CITY-ST-ZIP CHICAGO IL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME JESCHKE, ARLENE  
 STREET ADDRESS 123 N. WACKER DRIVE  
 CITY-ST-ZIP CHICAGO IL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME AVP  
 FYDA, SUSAN M  
 STREET ADDRESS 123 N WACKER DR  
 CITY-ST-ZIP CHICAGO IL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 V  
 Baer, Jerome I.  
 123 N. wacker Dr.  
 Chicago, IL 60606

TITLE  DELETE  
 NAME HANNER, JEROME S.  
 STREET ADDRESS 123 N. WACKER DRIVE  
 CITY-ST-ZIP CHICAGO IL

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: *Jerome I. Baer*

4/28/99 312 701-3640

Date Daytime Phone #

CR2E034 (11/98)