

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16217 (2)

1. Corporation Name

ISS CLEANING SERVICES GROUP, INC.



Principal Place of Business

Mailing Address

375 HUDSON ST
NEW YORK NY 10014-0658

375 HUDSON ST
NEW YORK NY 10014-0658

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1987

3a. Date of Last Report

04/06/1995

4. FEI Number

13-3083344

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 the applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	SPINA, DENNIS J	
STREET ADDRESS	8 STONE HOUSE ROAD	
CITY - ST - ZIP	CALIFON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUDAS, MICHAEL	
STREET ADDRESS	299 WILLOW WAY	
CITY - ST - ZIP	CLARK NJ	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ATKINS, ROBERT E JR.	
STREET ADDRESS	22 PARKSIDE DR.	
CITY - ST - ZIP	GREAT NECK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACOVETTI, FRANK	
STREET ADDRESS	1540 E. 36TH ST.	
CITY - ST - ZIP	BROOKLYN NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, MARTIN	
STREET ADDRESS	172 ASPEN STREET	
CITY - ST - ZIP	FLORAL PARK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STABILE, ROBERT C	
STREET ADDRESS	3 GUTHRIE CT.	
CITY - ST - ZIP	E. NORTHPORT NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT & COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAN P. KAUPUS	
13 STREET ADDRESS	586 MIDDLETOWN BLVD.	
14 CITY - ST - ZIP	LANGHORNE, PA 19047	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

212-229-4000
Daytime Phone #

CR2E034 (3/96)