

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001892

Entity Name: ABM FACILITY SERVICES, INC.**Current Principal Place of Business:**152 TECHNOLOGY DRIVE
IRVINE, CA 92816**Current Mailing Address:**152 TECHNOLOGY DRIVE
IRVINE, CA 92816 US**FEI Number:** 95-2543310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	GALLO, THOMAS J.
Address	152 TECHNOLOGY DRIVE
City-State-Zip:	IRVINE CA 92816

Title	PRESIDENT/DIRECTOR
Name	LATHAM, MICHAEL
Address	152 TECHNOLOGY DRIVE
City-State-Zip:	IRVINE CA 92816

Title	SECRETARY
Name	MCCONNELL, SARAH H.
Address	551 FIFTH AVE, STE 300
City-State-Zip:	NEW YORK NY 10176

Title	DIRECTOR
Name	SALMIRS, SCOTT
Address	152 TECHNOLOGY DRIVE
City-State-Zip:	IRVINE CA 92816

Title	DIRECTOR
Name	SCAGLIONE, DIEGO ANTHONY
Address	152 TECHNOLOGY DRIVE
City-State-Zip:	IRVINE CA 92816

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH H. MCCONNELL**SECRETARY****04/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date