

2013 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 PRESIDENT
Name LATHAM, MICHAEL
Address 152 TECHNOLOGY DR.
City-State-Zip: IRVINE CA 92618

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

Title DIRECTOR
Name LUSK, JAMES S.
Address 551 FIFTH AVE, STE 300
City-State-Zip: NEW YORK NY 10176

Title DIRECTOR
Name SLIPSAGER, HENRIK C.
Address 551 FIFTH AVE, STE 300
City-State-Zip: NEW YORK NY 10176

Title VP
Name AVANT, ROBERT G.
Address 8101 W. SAM HOUSTON PKWY S.,
STE 150
City-State-Zip: HOUSTON TX 77072

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

Title DIRECTOR
Name PRICE, TRACY
Address 152 TECHNOLOGY DR
City-State-Zip: IRVINE CA 92618

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****04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date