

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