

**2016 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 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           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****04/02/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date