



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90031 018 ***150.00

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # 836793 1. Entity Name COINMACH CORPORATION | | | |  | |
| Principal Place of Business 303 SUNNYSIDE BLVD STE 70 PLAINVIEW, NY 11803 US | | | Mailing Address 303 SUNNYSIDE BLVD STE 70 PLAINVIEW, NY 11803 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 53-0188589 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD KERRIGAN, STEPHEN R 521 E MOREHEAD STE 590 CHARLOTTE, NC 28202 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCEO DOYLE, ROBERT M 303 SUNNYSIDE BLVD, STE 70 PLAINVIEW, NY 11803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIATT, MITCHELL 303 SUNNYSIDE BLVD STE 70 PLAINVIEW, NY 11803 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR BERRY TALINTYRE, BABCOCK + BROWN LLP 885 SECOND AVE., 49TH FLR. NEW YORK, NY 10017 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR RICHARD UMRECHT, BABCOCK + BROWN LLP 100 MATSONFORD RD., BLDG 3 SUITE 240 RADNOR, PA 19087 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR JOHN FANNING LEVEL 23 THE CHIFLEY TOWER 2 CHIFLEY SQUARE SYDNEY NSW 2000, AUSTRALIA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR WILLIAM CUMMING, RBS SECURITIES CORP. 101 PARK AVE. 10TH FLR. NEW YORK, NY 10178 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 4/10/08 (514) 344-8555 | | | | | |