

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90210 039 ***150.00

DOCUMENT # F98000003566

1. Corporation Name

ABM FACILITY SERVICES COMPANY

Principal Place of Business
160 PACIFIC AVE., SUITE 222
SAN FRANCISCO CA 94111

Mailing Address
160 PACIFIC AVE., SUITE 222
SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

84-0601290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Q D
MANDLES, MARTINN H
9831 WEST PICO BLVD.
LOS ANGELES CA 90035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STEELE, WILLIAM W
160 PACIFIC AVE., SUITE 222
SAN FRANCISCO CA 94111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SCIGLIANO, MAURO
500 HOWARD STREET, 4TH FLOOR
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BENTON, JESS E .III
500 HOWARD STREET, 4TH FLOOR
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SIPES, SHERRILL F .III
500 HOWARD STREET, 4TH FLOOR
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
CUNNINGHAM, NEIL
500 HOWARD STREET, 4TH FLOOR
SAN FRANCISCO CA 94105

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x *Robert R. Bowius* 4/19/99 (415) 733-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0555393