


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

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

05-04-1999 90210 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1998	
21		26		4. FEI Number 84-0601290	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	MD <input type="checkbox"/> DELETE
NAME	MANDLES, MARTINN H
STREET ADDRESS	9831 WEST PICO BLVD.
CITY-ST-ZIP	LOS ANGELES CA 90035
TITLE	D <input type="checkbox"/> DELETE
NAME	STEELE, WILLIAM W
STREET ADDRESS	160 PACIFIC AVE., SUITE 222
CITY-ST-ZIP	SAN FRANCISCO CA 94111
TITLE	P <input type="checkbox"/> DELETE
NAME	SCIGLIANO, MAURO
STREET ADDRESS	500 HOWARD STREET, 4TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94105
TITLE	V <input type="checkbox"/> DELETE
NAME	BENTON, JESS E .III
STREET ADDRESS	500 HOWARD STREET, 4TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94105
TITLE	V <input type="checkbox"/> DELETE
NAME	SIPES, SHERRILL F .III
STREET ADDRESS	500 HOWARD STREET, 4TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94105
TITLE	V <input type="checkbox"/> DELETE
NAME	CUNNINGHAM, NEIL
STREET ADDRESS	500 HOWARD STREET, 4TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *R. Bowlius* **ROBERT BOWLIUS** 4/19/99 (415) 733-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)