


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90479 020 ***150.00

DOCUMENT # F98000003566					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 84-0601290	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIPSAGER, HENLIK		NAME	SLIPSAGER, HENRIK	
STREET ADDRESS	160 PACIFIC AVE., STE. 222		STREET ADDRESS	160 PACIFIC AVE. STE 222	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	DCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDBY, GEORGE B		NAME		
STREET ADDRESS	160 PACIFIC AVE., SUITE 222		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTON III, JESS E		NAME	PETTY, WILLIAM T.	
STREET ADDRESS	160 PACIFIC AVE., SUITE 222		STREET ADDRESS	160 PACIFIC AVE. SUITE 222	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINI, MARIA DE		NAME		
STREET ADDRESS	160 PACIFIC AVE., STE. 222		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>David L. Farwell</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		Daytime Phone #
			4-28-05		(415) 733-4040