

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003566

FILED
Mar 23, 2009
Secretary of State

Entity Name: ABM FACILITY SERVICES COMPANY

Current Principal Place of Business:

2390 E ORANGEWOOD AVE, STE 100
ANAHEIM, CA 92806

New Principal Place of Business:

Current Mailing Address:

2390 E ORANGEWOOD AVE, STE 100
ANAHEIM, CA 92806

New Mailing Address:

FEI Number: 84-0601290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SLIPSAGER, HENRIK C DIR
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

Title: DCFO () Delete
Name: SUNDBY, GEORGE B DCFO
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

Title: SEC () Delete
Name: AUWERS, LINDA S SEC
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

Title: TRES () Delete
Name: FARWELL, DAVID L TRES
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

Title: PRES () Delete
Name: ZACCAGNINI, STEVEN M PRES
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: FARWELL, DAVID L TREA
Address: 160 PACIFIC AVENUE, SUITE 222
City-St-Zip: SAN FRANCISCO, CA 94111

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA LOUIS

POA

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date