

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003566

FILED
Apr 08, 2011
Secretary of State

Entity Name: ABM FACILITY SERVICES COMPANY

Current Principal Place of Business:

1111 FANNIN ST, STE 1500
HOUSTON, TX 77002

New Principal Place of Business:

165 TECHNOLOGY DRIVE, SUITE 150
IRVINE, CA 92816

Current Mailing Address:

1111 FANNIN ST, STE 1500
HOUSTON, TX 77002

New Mailing Address:

165 TECHNOLOGY DRIVE, SUITE 150
IRVINE, CA 92816

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ZACCAGNINI, STEVEN M
Address: 165 TECHNOLOGY DRIVE, SUITE 150
City-St-Zip: IRVINE, CA 92816

Title: SEC
Name: AUWERS, LINDA S
Address: 165 TECHNOLOGY DRIVE, SUITE 150
City-St-Zip: IRVINE, CA 92816

Title: TREA
Name: SCAGLIONE, D. ANTHONY
Address: 165 TECHNOLOGY DRIVE, SUITE 150
City-St-Zip: IRVINE, CA 92816

Title: DIR
Name: SLIPSAGER, HENRIK C
Address: 165 TECHNOLOGY DRIVE, SUITE 150
City-St-Zip: IRVINE, CA 92816

Title: DIR
Name: SUNDBY, GEORGE B
Address: 165 TECHNOLOGY DRIVE, SUITE 150
City-St-Zip: IRVINE, CA 92816

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date