2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# M08000003582

Entity Name: ABM JANITORIAL SERVICES-SOUTHEAST, LLC

Current Principal Place of Business:

1111 FANNIN ST, STE 1500
HOUSTON, TX 77002

New Principal Place of Business:

Current Mailing Address:

1111 FANNIN ST, STE 1500
HOUSTON, TX 77002

New Mailing Address:

FEI Number: 58-0949708 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AVANT, ROBERT G
Address: 1111 FANNIN ST, STE 1500
City-St-Zip: HOUSTON, TX 77002

Title: MGR ( ) Delete
Name: MCCLURE, JAMES P
Address: 1111 FANNIN ST, STE 1500
City-St-Zip: HOUSTON, TX 77002

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: BOUVIER, CHRISTOPHER B
Address: 1111 FANNIN ST, STE 1500
City-St-Zip: HOUSTON, TX 77002

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER B. BOUVIER MGR 05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date