

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Jun 19 1997 8:00am
Secretary of State

DOCUMENT # P20004 (8)

1. Corporation Name
UNICCO GOVERNMENT SERVICES, INC.

Principal Place of Business
C/O ODGEN CORP.
2 PENN PLAZA - 26TH FLOOR
NEW YORK NY 10121

Mailing Address
C/O ODGEN CORP.
2 PENN PLAZA - 28TH FLOOR
NEW YORK NY 10121-0001

3. Date Incorporated or Qualified
07/11/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business		2a. Mailing Address	
21	FOUR COPLEY PLACE	26	FOUR COPLEY PLACE

22	500	Suite, Apt. #, etc.	27	500	Suite, Apt. #, etc.
		City & State			City & State

23	BOSTON, MA	28	BOSTON, MA
Zip	Country	Zip	Country

24	02116	25	USA	29	02116	30	USA
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4. FEI Number		Applied For
13-1974380		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name	CT CORPORATION SYSTEM	
82	Street Address (P.O. Box Number is Not Acceptable)	1200 SOUTH PINE ISLAND ROAD	
83			
84	City	PLANTATION FL	85 Zip Code 33

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 [Signature] SPECIAL ASST. SECRETARY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VAS	<input checked="" type="checkbox"/> DELFTE
NAME	ALLEN, PETER	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY, ST, ZIP	NEW YORK NY 10121	

CITY-STATE	PD	<input checked="" type="checkbox"/> DELETE
TITLE	ABLON, R. RICHARD	
NAME		
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY, ST, ZIP	NEW YORK NY 10121	

CITY - ST - ZIP	VAS	<input checked="" type="checkbox"/> DELETE
TITLE	PALMER, ISAAC	
NAME	TWO PENNSYLVANIA PLAZA	
STREET ADDRESS	NEW YORK NY 10121	
CITY - ST - ZIP		

CITY - ST - ZIP	V	<input checked="" type="checkbox"/> DELETE
TITLE		
NAME	GALL, JAMES	
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY - ST - ZIP	NEW YORK NY 10121	

UNIT - ST - ZIP	VTD	<input checked="" type="checkbox"/> DELETE
TITLE	DIGIA, ROBERT M.	
NAME		
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY - ST - ZIP	NEW YORK NY	

CITY - ST - ZIP	AS	<input checked="" type="checkbox"/> DELETE
TITLE	EFFINGER, J.L.	
NAME		
STREET ADDRESS	TWO PENNSYLVANIA PLAZA	
CITY - ST - ZIP	NEW YORK NY 10121	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	STEVEN C. KLETJIAN		
1.3 STREET ADDRESS	FOUR COPLEY PLACE		
1.4 CITY - ST - ZIP	BOSTON, MA 02116		

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME ROBERT SCOBLE

2.3 STREET ADDRESS 43 ROUTE 46 EAST

2.4 CITY - ST - ZIP PINE BROOK, NJ 07058

3.1 TITLE	ASST. SEC.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	GEORGE A. KECHES		
3.3 STREET ADDRESS	FOUR COPLEY PLACE		
3.4 CITY - ST - ZIP	BOSTON, MA 02116		

4.1 TITLE	DIR.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	STEVEN C. KLETJIAN		
4.3 STREET ADDRESS	FOUR COPLEY PLACE		
4.4 CITY - ST - ZIP	BOSTON, MA 02116		

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE

CR2E034 (9/96)