2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P26111 04-02-2007 90079 023 ***150.00 RENTOKIL, INC.-PEST CONTROL SERVICES Principal Place of Business Mailing Address 4004000 4067 INDUSTRIAL PARK DRIVE 4067 INDUSTRIAL PARK DRIVE NORCROSS, GA 30071 NORCROSS, GA 30071 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 500 SPRING RIDGE DR SAME. AS Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-P CR2E034 (12/06) W City & State City & State 4. FEI Number Applied For PA WYOMISSING 58-1820115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 19610 <u>USA</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITS E PT Change WARD, KEVIN M VICTOR HAMMEL NAME NAME 500 SPRING RIDGE DR STREET ADDRESS 4067 INDUSTRIAL PARK DR STREET ADDRESS WYOMISSING PA 19610 NORCROSS, GA 30071 CITY-ST-ZIP City-ST-7IP Delete Addition TITLE ☐ Change TITLE ROBERT MYER 500 SPRING RIDGE DR HUBBARD, DEBRA NAME NAME 4067 INDUSTRIAL PARK DRIVE STREET ADDRESS STREET ADDRESS MYOMISSING PA 19610 CITY-ST-7IP NORCROSS, GA 30071 CITY-ST-ZIP ☑ Delete TITLE CFO □ Change ☐ Addition TITLE KEVIN WARD 500 SPRING RIDGE DR KAMZELSKI, PAUL NAME NAME 1501 REEDSDALE ST, SUITE 501 STREET ADORESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15233 CITY-ST-ZIP WYOMISSING PA 19610 Delete TITLE □ Change ■ Addition TITLE ESSEK, PAUL A NAME NAME 1779 WEST HILLSBOROUGH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained 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 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 of 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED