

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40472

1. Corporation Name

ROLLINS TECHNICAL SERVICES CO.

Principal Place of Business

123 NORTH WACKER DRIVE
CHICAGO IL 60606

Mailing Address

P.O. BOX 8264
CHICAGO IL 60680
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/08/1992

4. FEI Number

36-3617072

Applied For

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WADE, ROGER
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

☒ DELETE

TITLE V
NAME STAPLETON, JANE
STREET ADDRESS 111 E. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE T
NAME HARDY, ARLENE H
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE S
NAME JESCHKE, ARLENE
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE AVP
NAME FYDA, SUSAN M
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

☒ DELETE

TITLE VAS
NAME HANNER, JEROME S.
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Hunger, Daniel F.
123 N. Wacker Dr.
Chicago, IL 60606

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
V
Baer, Jerome I.
123 N. Wacker Dr.
Chicago, IL 60606

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: JEROME S. HANNER

4/28/99 312 701-3640

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)