

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90009 018 \*\*\*550.00

**DOCUMENT # P40472**

1. Entity 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

**200 E. RANDOLPH DR-  
 Suite, Apt. #, etc.  
 TAX DEPT, 4TH FLOOR  
 City & State  
 CHICAGO, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**60601**

**US**

Zip

Country

**60601**

**US**

4. FEI Number

**36-3617072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D P</b>	<input type="checkbox"/> Delete
NAME	<b>HUNGER, DANIEL F</b>	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STAPLETON, JANE</b>	
STREET ADDRESS	<b>111 E. WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDY, ARLENE H</b>	
STREET ADDRESS	<b>123 N WACKER DR</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JESCHKE, ARLENE</b>	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BAER, JEROME I</b>	
STREET ADDRESS	<b>123 N WACKER DR</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>HANNER, JEROME S.</b>	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIANE AISOTTI</b>
STREET ADDRESS	<b>200 E. RANDOLPH DR.</b>
CITY-ST-ZIP	<b>CHICAGO, IL 60601</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**J. BAER**

Date

Daytime Phone #

**7/16/01**

**312-381-3271**

0130838 AT

CR2E034 (5/01)