2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2014
Secretary of State
CC1725122612

DOCUMENT# F92000000785

Entity Name: ABM HEALTHCARE SUPPORT SERVICES, INC.

Current Principal Place of Business:

22622 HARPER AVENUE
ST. CLAIR SHORES, MI 48080

Current Mailing Address:

22622 HARPER AVENUE
ST. CLAIR SHORES, MI 48080 US

FEI Number: 38-2053907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	BOWEN, DANIEL W	Name	MCCONNELL, SARAH H.
Address	22622 HARPER AVENUE	Address	551 FIFTH AVENUE, STE 300
City-State-Zip:	ST. CLAIR SHORES MI 48080	City-State-Zip:	NEW YORK NY 10176

Title	TREASURER, DIRECTOR
Name	SCAGLIONE, DIEGO ANTHONY
Address	22622 HARPER AVENUE
City-State-Zip:	ST. CLAIR SHORES MI 48080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH H. MCCONNELL SECRETARY 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date