

No. C 206967		Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ABM HEALTHCARE SUPPORT SERVICES, INC. 22622 HARPER AVENUE ST. CLAIR SHORES MI 48080		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DANIEL W. BOWEN	22622 HARPER AVENUE	ST. CLAIR SHORES	MI	USA	48080
SECRETARY	SARAH H. MCCONNELL	551 FIFTH AVE, STE 300	NEW YORK	NY	USA	10176
TREASURER	THOMAS J. GALLO	22622 HARPER AVENUE	ST. CLAIR SHORES	MI	USA	48080
DIRECTOR	DIEGO ANTHONY SCAGLIONE	22622 HARPER AVENUE	ST. CLAIR SHORES	MI	USA	48080
DIRECTOR	SCOTT SALMIRS	22622 HARPER AVENUE	ST. CLAIR SHORES	MI	USA	48080
5. Organized Under the Laws of: MI C 206967		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 07/07/2016 Title: POA				
Processed 07/07/2016		* Electronically provided signatures are accepted as original signatures.				