

1.) CORPORATION NAME:

**COINMACH CORPORATION**

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0268468**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 303 SUNNYSIDE BLVD STE 70

CITY/ST/ZIP: PLAINVIEW, NY 11803

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT M DOYLE	
TITLE:	PRESIDENT	
ADDRESS:	303 SUNNYSIDE BLVD STE 70	
CITY/ST/ZIP/CO:	PLAINVIEW, NY 11803	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WALTER HORST	
TITLE:	DIRECTOR	
ADDRESS:	FOUR EMBARCADERO CENTER	
	STE 700	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROGER MELTZER	
TITLE:	DIRECTOR	
ADDRESS:	1251 AVENUE OF THE AMERICAS	
CITY/ST/ZIP/CO:	NEW YORK, NY 10020	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN R SCHEESSELE	
TITLE:	DIRECTOR	
ADDRESS:	103 CLUBHOUSE LN #385	
CITY/ST/ZIP/CO:	NAPLES, FL 34105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY DAILEY	
TITLE:	CFO	
ADDRESS:	303 SUNNYSIDE BLVD., STE. 70	
CITY/ST/ZIP/CO:	PLAINVIEW, NY 11803	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM BRICK	
TITLE:	DIRECTOR	
ADDRESS:	5864 VERSAILLES AVENUE	
CITY/ST/ZIP/CO:	FRISCO, TX 75034	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CHAPMAN DIRECTOR 14 ALPINE RD. GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WOODY MARSHALL MCGEE DIRECTOR 110 STREAM VALLEY BLVD FRANKLIN , TN 37064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT M DOYLE	ROBERT M DOYLE, PRESIDENT	7/3/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.