

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214504972

1.) CORPORATION NAME:

ABM Health, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1502394**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 325 HOPPING BROOK ROAD

CITY/ST/ZIP: HOLLISTON, MA 01746

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 type="checkbox"/> DIRECTOR
NAME:	SCOTT GIACOBBE		
TITLE:	PRESIDENT		
ADDRESS:	1005 WINDWARD RIDGE PKWY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT G. AVANT		
TITLE:	VICE PRESIDENT		
ADDRESS:	8101 W. SAM HOUSTON PKWY S., STE 150		
CITY/ST/ZIP/CO:	HOUSTON, TX 77072		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DIEGO ANTHONY SCAGLIONE		
TITLE:	TREASURER		
ADDRESS:	325 HOPPING BROOK ROAD		
CITY/ST/ZIP/CO:	HOLLISTON, MA 01746		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SARAH H. MCCONNELL		
TITLE:	SECRETARY		
ADDRESS:	551 FIFTH AVE, STE 300		
CITY/ST/ZIP/CO:	NEW YORK, NY 10176		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES S. LUSK		
TITLE:	DIRECTOR		
ADDRESS:	551 FIFTH AVE, STE 300		
CITY/ST/ZIP/CO:	NEW YORK, NY 10176		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TRACY PRICE		
TITLE:	DIRECTOR		
ADDRESS:	152 TECHNOLOGY DR		
CITY/ST/ZIP/CO:	IRVINE, CA 92618		

NAME:	HENRIK C. SLIPSAGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	551 FIFTH AVE, STE 300		
CITY/ST/ZIP/CO:	NEW YORK, NY 10176		

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.

<u>/s/ SARAH H. MCCONNELL</u>	<u>SARAH H. MCCONNELL,</u>	<u>1/22/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.