

1.) CORPORATION NAME: <b>ABM Healthcare Support Services, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C T CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>	DUE DATE: <b>9/30/2014</b> SCC ID NO: <b>F1874926</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 22622 HARPER AVE  CITY/ST/ZIP: ST CLAIR SHORES, MI 48080
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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.

NAME: DANIEL W BOWEN III TITLE: PRESIDENT ADDRESS: 22622 HARPER AVE CITY/ST/ZIP/CO: ST CLAIR SHORES, MI 48080	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DIEGO ANTHONY SCAGLIONE TITLE: TREASURER ADDRESS: 22622 HARPER AVE CITY/ST/ZIP/CO: ST CLAIR SHORES, MI 48080	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SARAH H MCCONNELL TITLE: SECRETARY ADDRESS: 551 FIFTH AVE, STE 300 CITY/ST/ZIP/CO: NEW YORK, NY 10176	<input checked="" type="checkbox"/> OFFICER	<input 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/ SARAH H MCCONNELL	SARAH H MCCONNELL, SECRETARY	8/8/2014
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.