

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002802

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: UNICCO SERVICE OF N.J., INC.

**Current Principal Place of Business:**

C/O UNICCO SERVICE COMPANY  
275 GROVE STREET  
AUBURNDALE, MA 02466

**New Principal Place of Business:**

**Current Mailing Address:**

C/O UNICCO SERVICE COMPANY  
275 GROVE STREET  
AUBURNDALE, MA 02466

**New Mailing Address:**

FEI Number: 04-3410457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLETJIAN, STEVEN C  
Address: 275 GROVE STREET, STE. 3-200  
City-St-Zip: AUBURNDALE, MA 02466

Title: VPCF ( ) Delete  
Name: LAWLOR, JAMES  
Address: 275 GROVE STREET, STE. 3-200  
City-St-Zip: AUBURNDALE, MA 02466

Title: S ( ) Delete  
Name: POSTERNAK, NOEL G  
Address: 275 GROVE STREET, STE. 3-200  
City-St-Zip: AUBURNDALE, MA 02466

Title: AS ( ) Delete  
Name: KECHES, GEORGE A  
Address: 275 GROVE STREET, STE. 3-200  
City-St-Zip: AUBURNDALE, MA 02466

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES LAWLOR

CFO

02/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date