

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002802

FILED
Apr 09, 2012
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: 04-3410467 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: LAWLOR, JAMES E
Address: 275 GROVE STREET, STE. 3-200
City-St-Zip: AUBURNDALE, MA 02466

Title: S
Name: EUSTACE, VANESSA A
Address: 275 GROVE STREET, STE. 3-200
City-St-Zip: AUBURNDALE, MA 02466

Title: DIR
Name: LEUPEN, RICHARD A
Address: 275 GROVE STREET, STE. 3-200
City-St-Zip: AUBURNDALE, MA 02466

Title: DIR
Name: SHIBUYA, ROBERT K
Address: 275 GROVE STREET, STE. 3-200
City-St-Zip: AUBURNDALE, MA 02466

Title: ATRE
Name: MOLITO, JOSEPH
Address: 275 GROVE STREET, STE 3-200
City-St-Zip: AUBURNDALE, MA 02466

I hereby 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 all other like empowered.

SIGNATURE: JAMES E LAWLOR

T

04/09/2012

Electronic Signature of Signing Officer or Director

_____ Date