


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20004 (8)**

1. Corporation Name  
**UNICCO GOVERNMENT SERVICES, INC.**



Principal Place of Business <b>C/O ODGEN CORP. 2 PENN PLAZA - 26TH FLOOR NEW YORK NY 10121</b>	Mailing Address <b>C/O ODGEN CORP. 2 PENN PLAZA - 26TH FLOOR NEW YORK NY 10121-0001</b>
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3. Date Incorporated or Qualified <b>07/11/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>FOUR COPLEY PLACE</b> Suite, Apt. #, etc. 22 <b>500</b> City & State 23 <b>BOSTON, MA</b> Zip 24 <b>02116</b>	2a. Mailing Address 26 <b>FOUR COPLEY PLACE</b> Suite, Apt. #, etc. 27 <b>500</b> City & State 28 <b>BOSTON, MA</b> Zip 29 <b>02116</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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4. FEI Number <b>13-1974380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name <b>CT CORPORATION SYSTEM</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>
83
84 City <b>PLANTATION</b>
85 Zip Code <b>FL 33324</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **M. KREATZ**  
SPECIAL ASST. SECRETARY

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>VAS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ALLEN, PETER</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	
CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ABLON, R. RICHARD</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	
CITY-ST-ZIP	
TITLE <b>VAS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PALMER, ISAAC</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	
CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GALL, JAMES</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	
CITY-ST-ZIP	
TITLE <b>VTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DIGIA, ROBERT M.</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY</b>	
CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>EFFINGER, J.L.</b>	
STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>STEVEN C. KLETJIAN</b>	
1.3 STREET ADDRESS <b>FOUR COPLEY PLACE</b>	
1.4 CITY-ST-ZIP <b>BOSTON, MA 02116</b>	
2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>ROBERT SCOBLE</b>	
2.3 STREET ADDRESS <b>43 ROUTE 46 EAST</b>	
2.4 CITY-ST-ZIP <b>PINE BROOK, NJ 07058</b>	
3.1 TITLE <b>ASST. SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>GEORGE A. KECHES</b>	
3.3 STREET ADDRESS <b>FOUR COPLEY PLACE</b>	
3.4 CITY-ST-ZIP <b>BOSTON, MA 02116</b>	
4.1 TITLE <b>DIR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>STEVEN C. KLETJIAN</b>	
4.3 STREET ADDRESS <b>FOUR COPLEY PLACE</b>	
4.4 CITY-ST-ZIP <b>BOSTON, MA 02116</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)