

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FA		ne of the Corporation	7.101,011,111111111111111111111111111111		201001 2101			
565221		ISS Facility Services, Inc.						
3. Principal office address 1019 Central Parkway North, Suite 100			City San Antonio		State TX	Zip <b>78232</b>		
Business Phone No. (210) 495-6021			5. State of Incorporation  Delaware					
Brief description of the char- Commercial Janitoria		s conducted in Rhode Island	•					
LIST ALL OFFICERS (NAI	MES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)	<b>新代替の利力が</b>	17 - 28 E 17 E 18	onter in North 2018	u Cirking	
President Name Sean Bond			Vice-President Name Henrik Sandbjerg Nielsen					
Street Address 1019 Central Parkway North, Suite 100			Street Address 1019 Central Parkway North, Suite 100					
City San Antonio	State TX	Zip <b>78232</b>	City San Antonio		State TX	Zip <b>78232</b>		
ecretary Name Henrik Sandbjerg Nielsen			Treasurer Name Henrik Sandbjerg Nielsen					
Street Address 1019 Central Parkway	North, Suite	e 100	Street Address 1019 Central Pa	arkway No	orth, Suite 1	100		
City San Antonio	State TX	Zip <b>78232</b>	City State TX			Zip 78232		
LUST <u>all</u> directors (N/	AMES AND ADD	RESSES) ("X" BOX FOR /						
Director Name Sean Bond			Director Name Henrik Sandbjerg Nielsen					
Street Address 1019 Central Parkway North, Suite 100			Street Address 1019 Central Parkway North, Suite 100					
City San Antonio	State TX	Zip <b>78232</b>	City San Antonio		State <b>TX</b>	Zip 78232	0R	
irector Name			Director Name					
Street Address			Street Address					
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SHARES AUTHORIZED			10. SHARES ISSUE	) ("X" BOX F	OR ATTACH	VENT)	1 at 12 b	
			NUMBER OF SHARES	RES CLASS/SERIES		PAR VALUE		
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		100	100 Comm		n / N.A. \$0.01			
This report must be executed	on behalf of the	corporation by an authorize	d representative If the	corporation is	in the hands	of a receiver or t	rustee	

File Date		Ell Enc	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedu	les and statements,
Check No	era e e e e e e e e e e e e e e e e e e	LILED	and that all statements contained belein are trul	and correct.
CHECK NO		1440 0	In all Cak	02/29/2012
Ву:	<del></del>	MAR 02 2012	Signature of Authorized Representative	Date
FOR SECRETARY OF ST	ATE USE ONLY ${\mathscr Q}$		Donald R. Clark	
orm No. 630	BY/	65296 11:40	Print or Type Name of Authorized Representative	

Revised: 01/2012