2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33141

1. Entity Name

SERVICEMASTER MANAGEMENT SERVICES LIMITED PARTNE

FILED
00 FEB 15 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515	ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3797749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $17,616,978.00

10. Amount of Capital Contributions in FLORIDA to date. —0—

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P39325 SERVICEMASTER MANAGEMENTSERVICES, INC. ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515	STREET ADDRESS CITY-ST-ZIP	800003148118--9 -02/25/00--01092--002 ****141.25 ****141.25
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14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: ServiceMaster Management Services, Inc. general partner V.P.

SIGNATURE: SIGNATURE REQUIRED Douglas W. Colber 1-20-00 630 271-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)