

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90223 035 \*\*\*150.00

**DOCUMENT # F99000002011**

1. Entity Name  
**SEARS TERMITE & PEST CONTROL FRANCHISE CORP.**

Principal Place of Business DEPT B6-272B. ATTN: C.N. MATTHEWS 3333 BEVERLY RD HOFFMAN ESTATES IL 60179	Mailing Address DEPT B6-272B. ATTN: C.N. MATTHEWS 3333 BEVERLY RD HOFFMAN ESTATES IL 60179-0001
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3570014</b> <b>APPLIED FOR</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>SREDNICKI, RICHARD</b>		NAME	<b>Carla Matthews</b>			
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS	<b>3333 Beverly Road</b>			
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP	<b>Hoffman Estates, IL 60179</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>TOLL, MICHAEL</b>		NAME				
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PIGGOTT, JOHN</b>		NAME				
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP				
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CASE, ROBERT B</b>		NAME				
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP				
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>GALLAGHER, STEPHEN M</b>		NAME	<b>Pamela Schneider</b>			
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS	<b>3333 Beverly Road</b>			
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP	<b>Hoffman Estates, IL 60179</b>			
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DUBNICKA, THOMAS J</b>		NAME				
STREET ADDRESS	<b>3333 BEVERLY RD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60179</b>		CITY-ST-ZIP				

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carla Matthews* **Carla Matthews** **4/6/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)