2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05403

Entity Name: ROTO-ROOTER CORPORATION

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
300 ASHWORTH RD. W. DES MOINES, IA 50322 US				300 ASHWORTH RD. W. DES MOINES, IA 50265 US				
Current Mailing Address:				New Mailing Address:				
2600 CHEMED CENTER - TAX DEPT 255 E 5TH ST CINCINNATI, OH 45202			255 EAST 5TH STREET SUITE 2500-B. S. GUGEL CINCINNATI, OH 45202					
FEI Number: 42-0499295 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent: Name					Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US								
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.								
SIGNATUR	E:							
		Signature of Registered Agent	t			Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E LEE, SPENCER S 255 EAST 5TH S CINCINNATI, OH	TREET		Title: Name: Address: City-St-Zip:	()) Change()Addition		
Title: Name: Address: City-St-Zip:	MCNAMARA,K.J.,	Delete , ENTER, 255 E. 5TH STREET		Title: Name: Address: City-St-Zip:	MCNAMARA, K	CENTER, 255 E. 5TH STR	EET	
Title: Name: Address: City-St-Zip:	P () D BURGER, G. C., 300 ASHWORTH W. DES MOINES			Title: Name: Address: City-St-Zip:	P (X SCAVO, CHAR 300 ASHWORT W. DES MOINE	TH ROAD		
Title: Name: Address: City-St-Zip:	SCAVO, CHARLE	Delete IS J ENTER, 255 E. 5TH STREET		Title: Name: Address: City-St-Zip:	WILLIAMS, DA	CENTER, 255 E. 5TH STR	EET	
Title: Name: Address: City-St-Zip:	AT () E STEPHENS, MAR 74 COVERT RUN FT THOMAS, KY			Title: Name: Address: City-St-Zip:	STEPHENS, M	ST., SUITE 2600		
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	DALLOB, NAOI	ST., SUITE 2600		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK W. STEPHENS AT 04/11/2007