

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

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 858050 (8)**  
 1. Corporation Name  
**SERVICEMASTER HOME HEALTH CARE SERVICES INC.**



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

3. Date Incorporated or Qualified: **10/10/1983**  
 3a. Date of Last Report: **09/26/1996**  
 4. FEI Number: **36-3201073**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 25, 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SQUIRES, VERNON T</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE
NAME	<b>FLYNN, MARK S</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WILHELM, DONALD R</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>
TITLE	<b>VPAT</b> <input type="checkbox"/> DELETE
NAME	<b>DUNCAN, BRUCE</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MALMQUIST, LAINE E</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DUDLEY, MARY KAY</b>
STREET ADDRESS	<b>ONE SERVICEMASTER WAY</b>
CITY-ST-ZIP	<b>DOWNERS GROVE IL 60515</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 and changed, or corrected, in Block 12 or Block 13.

SIGNATURE: *[Handwritten Signature]* 4/1/97 Date: **(620) 271-2980** Daytime Phone #  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)