

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 09 1997 8:00am
Secretary of State

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



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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/10/1983 09/26/1996

4. FEI Number Applied For
36-3201073 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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
D SQUIRES, VERNON T
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASD FLYNN, MARK S
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD WILHELM, DONALD R
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPAT DUNCAN, BRUCE
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
T MALMQUIST, LAINE E
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
S DUDLEY, MARY KAY
ONE SERVICEMASTER WAY
DOWNERS GROVE IL 60515

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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 on a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527796

CR2E034 (9/96)