

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1983	
21		26	3839 Forest Hill-Irene	4. FEI Number 36-3201073	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	Memphis, TN	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30
				38125	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Vice President
NAME	SQUIRES, VERNON T	1.2 NAME	Kathleen Black
STREET ADDRESS	ONE SERVICEMASTER WAY	1.3 STREET ADDRESS	ONE Service Master Way
CITY-ST-ZIP	DOWNERS GROVE IL 60515	1.4 CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	ASD	2.1 TITLE	Secretary
NAME	FLYNN, MARK S	2.2 NAME	Suzanna Baker
STREET ADDRESS	ONE SERVICEMASTER WAY	2.3 STREET ADDRESS	3839 Forest Hill-Irene Rd.
CITY-ST-ZIP	DOWNERS GROVE IL 60515	2.4 CITY-ST-ZIP	Memphis, TN 38125
TITLE	PD	3.1 TITLE	
NAME	WILHELM, DONALD R	3.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	3.4 CITY-ST-ZIP	
TITLE	VPAT	4.1 TITLE	
NAME	DUNCAN, BRUCE	4.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	MALMQUIST, LAINE E	5.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	DUDLEY, MARY KAY	6.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 3/31/98

CR2E034 (10/97)