

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90112 036 ***150.00

UDS-3040

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **858050**

1. Corporation Name
SERVICEMASTER HOME HEALTH CARE SERVICES INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**3839 FOREST HILL IRENE RD
 MEMPHIS TN 38125
 US**

3. Date Incorporated or Qualified
10/10/1983

4. FEI Number
36-3201073

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **One ServiceMaster Way**
 27 Suite, Apt. #, etc.
 28 **Downers Grove, IL**
 29 Zip Country
 30 **60515 U.S.**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, KATHLEEN	1.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, SUZANNA	2.2 NAME	Douglas W. Colber
STREET ADDRESS	3839 FOREST HILL- IRENE RD	2.3 STREET ADDRESS	One ServiceMaster Way
CITY-ST-ZIP	MEMPHIS TN 38125	2.4 CITY-ST-ZIP	Downers Grove, IL 60515
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILHELM, DONALD R	3.2 NAME	Andrew D. Bratzel
STREET ADDRESS	ONE SERVICEMASTER WAY	3.3 STREET ADDRESS	One ServiceMaster Way
CITY-ST-ZIP	DOWNERS GROVE IL 60515	3.4 CITY-ST-ZIP	Downers Grove, IL 60515
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Steven Lemke
STREET ADDRESS		4.3 STREET ADDRESS	One ServiceMaster Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Downers Grove, IL 60515
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Douglas W. Colber **Douglas W. Colber** 1/29/99 630 271-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)