

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90340 005 \*\*\*550.00

**DOCUMENT # 858050**

1. Entity 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  
 US**

2. Principal Place of Business

**2300 Warrenville Rd**

3. Mailing Address

**2300 Warrenville Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Downers Grove, IL**

City & State

**Downers Grove, IL**

Zip

**60515**

Country

Zip

**60515**

Country

**USA**

4. FEI Number

**36-3201073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: **VP** ☒ Delete  
 NAME: **BLACK, KATHLEEN**  
 STREET ADDRESS: **ONE SERVICEMASTER WAY**  
 CITY-ST-ZIP: **DOWNERS GROVE IL 60515**

TITLE: **S** ☐ Delete  
 NAME: **COLBER, DOUGLAS W**  
 STREET ADDRESS: **ONE SERVICEMASTER WAY**  
 CITY-ST-ZIP: **DOWNERS GROVE IL 60515**

TITLE: **PD** ☐ Delete  
 NAME: **BRATZEL, ANDREW D**  
 STREET ADDRESS: **ONE SERVICEMASTER WAY**  
 CITY-ST-ZIP: **DOWNERS GROVE IL 60515**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition  
 NAME: ☒ Change ☐ Addition  
 STREET ADDRESS: **2300 Warrenville Rd**  
 CITY-ST-ZIP: **Downers Grove, IL 60515**

TITLE: ☒ Change ☐ Addition  
 NAME: ☒ Change ☐ Addition  
 STREET ADDRESS: **2300 Warrenville Rd**  
 CITY-ST-ZIP: **Downers Grove, IL 60515**

TITLE: ☐ Change ☒ Addition  
 NAME: **Sandra L. Groman**  
 STREET ADDRESS: **2300 Warrenville Rd**  
 CITY-ST-ZIP: **Downers Grove, IL 60515**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-02 (630) 271-2725**

Date

Daytime Phone #

CR2E034 (4/02)