2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 FEB -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B99000000003

1. Entity Name

THE SERVICEMASTER COMPANY LIMITED PARTNERSHIP

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3837078 ☐ 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.

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

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000000014	STREET ADDRESS	400003128004 9
NAME	SERVICEMASTER MANAGEMENT CORPORATION		-02/08/00--01111--022
STREET ADDRESS	ONE SERVICEMASTER WAY	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	DOWNERS GROVE IL 60515		
DOCUMENT #		STREET ADDRESS	
NAME			
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: ServiceMaster Management Corporation, general partner

SIGNATURE: By: SIGNATURE REQUIRED Douglas W. Colber 1-20-00 630-271-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #