

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91021 020 \*\*\*150.00

9495379 AT

**DOCUMENT # F02000001650**



1. Entity Name  
**SERVICEMASTER CONSUMER SERVICES, INC.**

Principal Place of Business  
**860 RIDGE LAKE BLVD.  
MEMPHIS TN 38120**

Mailing Address  
**860 RIDGE LAKE BLVD.  
MEMPHIS TN 38120**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3729225**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
NAME **WARD, JONATHAN P**  
STREET ADDRESS **ONE SERVICE MASTER WAY**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **3250 Lacey Rd., Suite 600**  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **KARNES, DONALD K**  
STREET ADDRESS **860 RIDGE LAKE BLVD.**  
CITY-ST-ZIP **MEMPHIS TN 38120**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD**  Delete  
NAME **MROZEK, ERNEST J**  
STREET ADDRESS **860 RIDGE LAKE BLVD.**  
CITY-ST-ZIP **MEMPHIS TN 38120**

TITLE **President & Director**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS**  Delete  
NAME **VON GRUBEN, ROBERT C**  
STREET ADDRESS **860 RIDGE LAKE BLVD.**  
CITY-ST-ZIP **MEMPHIS TN 38120**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **MARIANO, LAWRENCE L III**  
STREET ADDRESS **860 RIDGE LAKE BLVD.**  
CITY-ST-ZIP **MEMPHIS TN 38120**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **MANN, JOHN A**  
STREET ADDRESS **ONE SERVICE MASTER WAY**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **3250 Lacey Rd, Suite 600**  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

**4-3-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)