

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Shonda R. Marbair  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000003958 (6)**

1. Corporation Name

**TSSGP MANAGEMENT CORPORATION**



Principal Place of Business

860 RIDGE LAKE BLVD  
MEMPHIS TN 38120  
US

Mailing Address

860 RIDGE LAKE BLVD  
MEMPHIS TN 38120  
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City, & State

City, & State

23

28

Zip

Country

Zip

Country

24

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9. Name and Address of Current 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 607.1501, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. The city, and the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature of the Secretary or Director

Signature of the Agent

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHERER, THOMAS W	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-STATE-ZIP	MEMPHIS TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEITH, ROBERT F	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-STATE-ZIP	MEMPHIS TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNCAN, BRUCE T	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-STATE-ZIP	DOWNERS GROVE IL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, JOHN	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-STATE-ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SQUIRES, VERNON T	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-STATE-ZIP	DOWNERS GROVE IL 60515	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MARIANO, LAWRENCE L	
STREET ADDRESS	860 RIDGE LAKE BLVD	
CITY-STATE-ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

Secretary

Assistant Secretary

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this report is correct to the best of my knowledge and belief, and I declare under oath that I am an officer or director of the corporation to the best of my knowledge and belief. I declare under oath that I am a resident of the State of Florida, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit, with an address.

SIGNATURE: *Thomas W. Scherer* Thomas W. Scherer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96  
901/766-1291

CR2E034 (12/95)