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FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004432 (9)

1. Corporation Name

SERVICEMASTER AVIATION MANAGEMENT CORPORATION

Principal Place of Business

ONE SERVICEMASTER WAY  
DOWNERS GROVE IL 60515

Mailing Address

ONE SERVICEMASTER WAY  
DOWNERS GROVE IL 60515



3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

07/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SALERNO, ROBERT J  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SHULTZ JR, BLAKE  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME CLAYTON, DAVID  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

3.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME HUENNEKENS, NANCY R  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

4.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME BRATZEL, ANDREW D  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME POLLOCK, JOHN G  
STREET ADDRESS ONE SERVICEMASTER WAY  
CITY-ST-ZIP DOWNERS GROVE IL

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*Douglas W. Collier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Douglas W. Collier, Assistant Secretary

Date

11/6/97

Daytime Phone #

630/271-2582

0527802

CR2E034 (9/96)