

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/13/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		36-3940987	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALERNO, ROBERT J	1.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	1.4 CITY-ST-ZIP	
TITLE	<del>SHULTZ JR, BLAKE</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ONE SERVICEMASTER WAY</del>	2.2 NAME	
STREET ADDRESS	<del>DOWNERS GROVE IL</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<del>GLAYTON, DAVID</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ONE SERVICEMASTER WAY</del>	3.2 NAME	
STREET ADDRESS	<del>DOWNERS GROVE IL</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUENNEKENS, NANCY R	4.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATZEL, ANDREW D	5.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, JOHN G	6.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	6.4 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 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

CR2E034 (10/97)