

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90002 040 ***550.00

DOCUMENT # F98000001785

1. Entity Name
THE SERVICEMASTER COMPANY

Principal Place of Business

**ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515**

Mailing Address

**ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515**

2. Principal Place of Business

2300 Warrenville Rd

Suite, Apt. #, etc.

3. Mailing Address

2300 Warrenville Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Downers Grove IL

City & State

Downers Grove IL

4. FEI Number

36-3858106

Applied For

Not Applicable

Zip
60515

Country
USA

Zip

60515

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 WARD, JONATHAN
 ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO/C
 Jonathan Ward
 2300 Warrenville Rd
 Downers Grove, IL 60515** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CANTU, CARLOS H
 ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCOO
 Ernest J. mrozek
 2300 Warrenville Rd
 Downers Grove, IL 60515** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VAS
 COLBER, DOUGLAS W
 ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PETERSON, DALLAN W
 ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 POLLARD, C. WILLIAM
 ONE SERVICEMASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 GROMAN, SANDRA L
 ONE SERVICE MASTER WAY
 DOWNERS GROVE IL 60515** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-02 (630) 271-2725

Date

Daytime Phone #

CR2E034 (4/02)