

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002067

1. Entity Name

QUANTUM RESOURCES CORPORATION OF VIRGINIA

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90135 024 \*\*\*150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4217574**

Applied For

Not Applicable

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.

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	ASV	<input type="checkbox"/> Delete
NAME	COLBER, DOUGLAS W	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, BRUCE	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLARD, C	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	ATV	<input checked="" type="checkbox"/> Delete
NAME	HUENNEKENS, NANCY R	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, PHILLIP	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLAND, ALAN D	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George W. Cushman	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	D/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene D. Malloy	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William T. McCormick	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric R. Zarnikow	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Petrina A. Rauzi	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)