

2000 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
May 12, 2000 8:00 am
Secretary of State

02-21-2000 90027 036 ***150.00

DOCUMENT # F99000000014

1. Entity Name

SERVICEMASTER MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

**ONE SERVICE MASTER WAY
 DOWNERS GROVE IL 60515**

**ONE SERVICE MASTER 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

36-3837079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNCAN, BRUCE T ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PRESTON, STEVEN C ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SQUIRES, VERNON T ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTU, CARLOS H ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP OXLEY, BRIAN D ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOTEN, KENNETH D ONE SERVICE MASTER WAY DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Executive Vice President Steven C. Preston One Servicemaster Way Downers Grove, IL 60515	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
President C. William Pollard One Servicemaster Way Downers Grove, IL 60515	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V.P. + Asst Secretary Douglas W. Colber One Servicemaster Way Downers Grove, IL 60515	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas W. Colber 1-31-00 630-271-1300