

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90159 002 \*\*\*550.00

**DOCUMENT # F99000000014**

1. Entity Name  
**SERVICEMASTER MANAGEMENT CORPORATION**

Principal Place of Business  
**ONE SERVICE MASTER WAY**  
**DOWNERS GROVE IL 60515**

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

**80133499**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2300 Warrenville Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2300 Warrenville Rd**  
 Suite, Apt. #, etc.

City & State  
**Downers Grove IL**

City & State  
**Downers Grove IL**

4. FEI Number **36-3837079**

Applied For  
 Not Applicable

Zip Country  
**60515 USA**

Zip Country  
**60515 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVAP<br>JACOBS, PAUL M<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AVP<br>Barbara A. Connolly<br>2300 Warrenville Rd<br>Downers Grove, IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GROMAN, SANDRA L<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Sandra L. Groman<br>2300 Warrenville Rd<br>Downers Grove IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSVP<br>ZARNIKOW, ERIC R<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Steven C. Preston<br>2300 Warrenville Rd<br>Downers Grove, IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ERICKSON, ROBERT D<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>John A. Mann<br>2300 Warrenville Rd<br>Downers Grove, IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVPD<br>PRESTON, STEVEN C<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPAS<br>Andrew D. Bratzel<br>2300 Warrenville Rd<br>Downers Grove, IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HOOTEN, KENNETH D<br>ONE SERVICE MASTER WAY<br>DOWNERS GROVE IL 60515 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPAS<br>Douglas W. Cadher<br>2300 Warrenville Rd<br>Downers Grove, IL 60515 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |

CR2E034 (4/02)

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-9-02 (630) 271-2725**

Date

Daytime Phone #