

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001966

1. Entity Name

CMI GROUP (WISCONSIN), INC.

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

04-25-2001 90135 010 ***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 **39-1551693**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALDRIDGE, DAVID P	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEETHLER, ROBERT	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLBER, DOUGLAS W	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESTON, STEVEN C	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SQUIRES, VERNON	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZARNIKOW, ERIC R	
STREET ADDRESS	ONE SERVICEMASTER WAY	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher J. Grant	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert B. Keethler	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas W. Colber	
STREET ADDRESS	One Servicemaster Way	
CITY-ST-ZIP	Downers Grove, IL 60515	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven A. Mattiacci	
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. Pauzi	
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)