FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35493** **(6)**

1. Corporation Name
SERVICEMASTER DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
5050 POPLAR AVENUE, SUITE 1800 MEMPHIS TN 38157	5050 POPLAR AVENUE, SUITE 1800 MEMPHIS TN 38157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/16/1991**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **62-1416386** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	STAIR, CHARLES	1.2 NAME	
STREET ADDRESS	ONE SERVICE MASTER COMPANY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	1.4 CITY-ST-ZIP	
TITLE	EVPS	2.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, MARK S	2.2 NAME	
STREET ADDRESS	5050 POPLAR AVE, #1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☒ Addition
NAME	ULLERY, JUDY	3.2 NAME	CEO
STREET ADDRESS	5050 POPLAR AVE #1800	3.3 STREET ADDRESS	Jerry Mooney
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	5050 Poplar Ave., #1800, Memphis, TN
TITLE	CFO	4.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, STEVE	4.2 NAME	President
STREET ADDRESS	5050 POPLAR AVE, #1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	☐ Change ☐ Addition
NAME	HOEFLER, DEBBIE	5.2 NAME	
STREET ADDRESS	5050 POPLAR AVE #1800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, JILL	6.2 NAME	
STREET ADDRESS	5050 POPLAR AVE #1800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/24/95 901-767-2220
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Mark S. Flynn, Secretary

0478030 FP