

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003958 (6)**

1. Corporation Name

**TSSGP MANAGEMENT CORPORATION**

Principal Place of Business

855 RIDGE LAKE BLVD.  
MEMPHIS TN 38120

Mailing Address

855 RIDGE LAKE BLVD.  
MEMPHIS TN 38120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1993

3a. Date of Last Report

04/13/1994

4. FEI Number

65-1536539

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21 860 Ridge Lake Blvd.

2a. Mailing Address

26 860 Ridge Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Memphis, TN

27 City & State

28 Memphis, TN

24 Zip

38120

25 Country

USA

29 Zip

38120

30 Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

(Signature, typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHERER, THOMAS W
STREET ADDRESS	855 RIDGE LAKE BLVD.
CITY, ST, ZIP	MEMPHIS TN 38120
TITLE	VD
NAME	KEITH, ROBERT F
STREET ADDRESS	855 RIDGE LAKE BLVD.
CITY, ST, ZIP	MEMPHIS TN 38120
TITLE	VD
NAME	DUNCAN, BRUCE T
STREET ADDRESS	ONE SERVICEMASTER WAY
CITY, ST, ZIP	DOWNERS GROVE IL
TITLE	ST
NAME	MCFADDEN, JOHN
STREET ADDRESS	855 RIDGE LAKE BLVD.
CITY, ST, ZIP	MEMPHIS TN 38120
TITLE	AS
NAME	SQUIRES, VERNON T
STREET ADDRESS	ONE SERVICEMASTER WAY
CITY, ST, ZIP	DOWNERS GROVE IL 60515
TITLE	D
NAME	MARIANO, LAWRENCE L
STREET ADDRESS	855 RIDGE LAKE BLVD.
CITY, ST, ZIP	MEMPHIS TN 38120

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	860 Ridge Lake Blvd.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	860 Ridge Lake Blvd.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	60515
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	860 Ridge Lake Blvd.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VT
6.3 STREET ADDRESS	860 Ridge Lake Blvd.
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John McFadden, Secretary 3-3-96 901/766-1363

(Signature, and typed or printed name of signing officer or director)

Title

Signature/Name #