


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 007 ***150.00

DOCUMENT # F02000001650

1. Entity Name
SERVICEMASTER CONSUMER SERVICES, INC.



Principal Place of Business Mailing Address
860 RIDGE LAKE BLVD. **860 RIDGE LAKE BLVD.**
MEMPHIS, TN 38120 **MEMPHIS, TN 38120**

94033344



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
36-3729225 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARD, JONATHAN P	
STREET ADDRESS	3250 LACEY RD. SUITE 600	
CITY-ST-ZIP	DOWNERS GROVE, IL 60515	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MROZEK, ERNEST J	
STREET ADDRESS	860 RIDGE LAKE BLVD.	
CITY-ST-ZIP	MEMPHIS, TN 38120	
TITLE	VS	<input type="checkbox"/> Delete
NAME	VON GRUBEN, ROBERT C	
STREET ADDRESS	860 RIDGE LAKE BLVD.	
CITY-ST-ZIP	MEMPHIS, TN 38120	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARIANO, LAWRENCE L III	
STREET ADDRESS	860 RIDGE LAKE BLVD.	
CITY-ST-ZIP	MEMPHIS, TN 38120	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANN, JOHN A	
STREET ADDRESS	3250 LACEY RD. SUITE 600	
CITY-ST-ZIP	DOWNERS GROVE, IL 60515	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3-18-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAWRENCE L. MARIANO, III