

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51636

Entity Name: BRIGHTVIEW LANDSCAPE SERVICES, INC.**Current Principal Place of Business:**401 PLYMOUTH ROAD
SUITE 500
PLYMOUTH MEETING, PA 19462**Current Mailing Address:**401 PLYMOUTH ROAD
SUITE 500
PLYMOUTH MEETING, PA 19462 US**FEI Number:** 95-4194223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, CEO, PRESIDENT
Name	HEROLD, JEFF
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	ASST. TREASURER
Name	KNAUS, KATRIONA
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	ASST. SECRETARY
Name	KUEHN, TOMAS
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	DIRECTOR
Name	MASTERMAN, ANDREW
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	TREASURER
Name	TYLER, ROBERT
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	ASST. TREASURER
Name	WILKINSON, TIMOTHY
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	VP
Name	ANDERSON, JOHN
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Title	ASST. SECRETARY
Name	DESANTIS, SUSAN
Address	401 PLYMOUTH ROAD SUITE 500
City-State-Zip:	PLYMOUTH MEETING PA 19462

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN GOTTSEGEN**SECRETARY****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GONZALEZ, CHARLES
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title SECRETARY
Name GOTTSEGEN, JONATHAN
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462