


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90082 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000006544**

1. Corporation Name  
**THE BRICKMAN GROUP, LTD. INCORPORATED**

Principal Place of Business 375 S. FLOWERS MILL ROAD LANGHORNE PA 19047	Mailing Address 375 S. FLOWERS MILL ROAD LANGHORNE PA 19047
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 23-2949247	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ 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	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKMAN, SCOTT W		1.2 NAME	ED BARCOCK	
STREET ADDRESS	375 S. FLOWERS MILL ROAD		1.3 STREET ADDRESS	5819 HARNESSE COURT	
CITY-ST-ZIP	LANGHORNE PA 19047		1.4 CITY-ST-ZIP	COLUMBIA, MD 21044	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKMAN, THEODORE W JR		2.2 NAME	JEFF HEROLD	
STREET ADDRESS	375 S. FLOWERS MILL ROAD		2.3 STREET ADDRESS	1008 COLONIAL DRIVE	
CITY-ST-ZIP	LANGHORNE PA 19047		2.4 CITY-ST-ZIP	NEWTOWN, PA 18946	
TITLE	VAT	<input type="checkbox"/> DELETE	3.1 TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILCOX, CHARLES B		3.2 NAME	JOHN KING	
STREET ADDRESS	375 S. FLOWERS MILL ROAD		3.3 STREET ADDRESS	651 DALE ROAD	
CITY-ST-ZIP	LANGHORNE PA 19047		3.4 CITY-ST-ZIP	BRYN ATHYN, PA 19009	
TITLE	VAS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HJELLE, MARK A		4.2 NAME		
STREET ADDRESS	375 S. FLOWERS MILL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANGHORNE PA 19047		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, ERIC C		5.2 NAME		
STREET ADDRESS	375 S. FLOWERS MILL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LANGHORNE PA 19047		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, JACK		6.2 NAME		
STREET ADDRESS	375 S. FLOWERS MILL ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LANGHORNE PA 19047		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/26/99 DAYTIME PHONE: 215-757-9400

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (4/98)