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2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9800006544 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name THE BRICKMAN GROUP, LTD. INCORPORATED 04-04-2000 90095 046 ***150.00 Mailing Address Principal Place of Business 375 S. FLOWERS MILL ROAD 375 S. FLOWERS MILL ROAD **LANGHORNE PA 19047-2939** LANGHORNE PA 19047 **გვე**სსთ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 23-2949247 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. · 原建 · 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DERECTOR Change X Addition PTD TITLE TITLE ☐ Delete JOHN SCHREDBER BRICKMAN, SCOTT W NAME NAME 1115 E. ILLONATS ROAD STREET ADDRESS STREET ADDRESS 375 S. FLOWERS MILL ROAD LAKE FOREST IL CITY-ST-ZIP CITY-ST-ZIP LANGHORNE PA 19047 DERECTOR **Addition** Change ☐ Delete TITLE TITLE CHRISTOPHER I. PERRY BRICKMAN, THEODORE W JR NAME 830 HILL ROAD STREET ADDRESS STREET ADDRESS 375 S. FLOWERS MILL ROAD WINNETKA, IL CITY-ST-ZIP CITY-ST-ZIP 60093 LANGHORNE PA 19047 V. P. TREASURER ☐ Delete Addition ☐ Change TITLE TITLE JOHN KING NAME SILCOX, CHARLES B NAME 651 DALE ROAD STREET ADDRESS STREET ADDRESS 375 S. FLOWERS MILL ROAD 19009 BRYN ATHYN, PA CITY-ST-ZIP CITY-ST-ZIP LANGHORNE PA 19047 V.P. SECRETARY Change ☐ Addition VAS ☐ Delete TITLE TITLE MARK A HJELLE NAME NAME HJELLE, MARK A STREET ADDRESS 375 S. FLOWERS MILL ROAD STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP LANGHORNE PA 19047 CHAPRIMON DIRECTOR Change Addition Delete TITLE TITLE W. BRICKMAN THEO BORÉ LARSON, ERIC C NAME STREET ADDRESS STREET ADDRESS 375 S. FLOWERS MILL ROAD CITY - ST - 7IP CITY-ST-ZIP LANGHORNE PA 19047 ☐ Change ☐ Addition D Delete TITLE TITLE NAME **NEAL, JACK** NAME STREET ADDRESS STREET ADDRESS 375 S. FLOWERS MILL ROAD CITY-ST-ZIP LANGHORNE PA 19047 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.