


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90238 006 ***150.00

DOCUMENT # F98000006544
 1. Entity Name
THE BRICKMAN GROUP, LTD. INCORPORATED



40064595



04082005 Chg-P CR2E034 (10/03)

Principal Place of Business 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047		Mailing Address 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047	
2. Principal Place of Business 18227 Flower Hill Way Suite, Apt. #, etc. Ste D.		3. Mailing Address 18227 Flower Hill way Suite, Apt. #, etc. Ste D	
City & State Gaithersburg, MD		City & State Gaithersburg, MD	
Zip 21774	Country USA	Zip 21774	Country USA

4. FEI Number 23-2949247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRICKMAN, SCOTT W 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRICKMAN, THEODORE W JR 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SILCOX, CHARLES B 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HJELLE, MARK A 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS POLOZIE, STEPHEN 375 S FLOWERS MILL RD LANGHORNE, PA 19047 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, JACK 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Scott W. Brickman 18227 Flower Hill way, Ste D. Gaithersburg MD 21774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Charles B. Silcox 375 S. Flowers Mill Rd Langhorne, PA 19047 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Mark A. Hjelle 18227 Flower Hill way, Ste D Gaithersburg, MD 20877 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Stephen Polozie 18227 Flower Hill way, Ste D Gaithersburg MD 20877 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Stephen Polozie, VP** **4/18/05** **240-683-2015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #