

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 3-5-96 B-1864-NC

DOCUMENT # **P13484 (1)**

1. Corporation Name

THE BRICKMAN GROUP, LTD. INCORPORATED



Principal Place of Business

Mailing Address

% LINSKOTT R. HANSON
1300 W. HIGGINS RD. 200
PARK RIDGE IL 60068

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1300 W. HIGGINS RD. 200
PARK RIDGE IL 60068

3. Date Incorporated or Qualified
03/05/1987

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

36-3205279

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent, as to be if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PTD** DELETE
NAME: **BRICKMAN, THEODORE W JR**
STREET ADDRESS: **375 S FLOWERS MILL RD**
CITY- ST- ZIP: **LANGHORNE PA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE: **S** DELETE
NAME: **HANSON, LINSKOTT R.**
STREET ADDRESS: **1300 W. HIGGINS RD, 200**
CITY- ST- ZIP: **PARK RIDGE IL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE: **D** DELETE
NAME: **BRICKMAN, SALLY**
STREET ADDRESS: **3219 BUCK ROAD**
CITY- ST- ZIP: **HUNTINGDON VALLEY PA**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE: **VP** DELETE
NAME: **SILCOX, CHARLES B**
STREET ADDRESS: **1005 WESTFIELD RD**
CITY- ST- ZIP: **MOORESTOWN NJ**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles B. Silcox V.P. **CHARLES B. SILCOX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96
Date

715-757-9400
Daytime Phone #

CR2E034 (12/95)