

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 11 1997 8:00am
Secretary of State

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 03/05/1986
4. FEI Number 36-3205279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 375 S. FLOWERS MILL RD.
LANGHORNE PA 19047

26 375 S. FLOWERS MILL RD.
LANGHORNE PA 19047

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 LANGHORNE PA

28 LANGHORNE PA

24 Zip

25 Country

29 Zip

30 Country

24 19047

25 U.S.A.

29 19047

30 U.S.A.

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 and title 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	<input type="checkbox"/> DELETE
NAME	BRICKMAN, THEODORE W JR	
STREET ADDRESS	375 S FLOWERS MILL RD	
CITY-ST-ZIP	LANGHORNE PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANSON, LINSKOTT R.	
STREET ADDRESS	1300 W. HIGGINS RD, 200	
CITY-ST-ZIP	PARK RIDGE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICKMAN, SALLY	
STREET ADDRESS	3219 BUCK ROAD	
CITY-ST-ZIP	HUNTINGDON VALLEY PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SILCOX, CHARLES B	
STREET ADDRESS	1005 WESTFIELD RD	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SILCOX, CHARLES B

1/31/97

215-757-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527763

CR2E034 (9/96)