

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51636

Entity Name: BRIGHTVIEW LANDSCAPE SERVICES, INC.**Current Principal Place of Business:**401 PLYMOUTH ROAD
SUITE 500
PLYMOUTH MEETING, PA 19462**Current Mailing Address:**401 PLYMOUTH ROAD
SUITE 500
PLYMOUTH MEETING, PA 19462 US**FEI Number:** 95-4194223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CEO, PRESIDENT
Name HEROLD, JEFF
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. TREASURER
Name KNAUS, KATRIONA
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. SECRETARY
Name KUEHN, TOMAS
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title DIRECTOR
Name MASTERMAN, ANDREW
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title TREASURER
Name TYLER, ROBERT
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. TREASURER
Name WILKINSON, TIMOTHY
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title VP
Name ANDERSON, JOHN
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. SECRETARY
Name DESANTIS, SUSAN
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN GOTTSEGEN**SECRETARY****03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GONZALEZ, CHARLES
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462

Title SECRETARY
Name GOTTSEGEN, JONATHAN
Address 401 PLYMOUTH ROAD
SUITE 500
City-State-Zip: PLYMOUTH MEETING PA 19462