

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004236

**Entity Name:** OLDCASTLE LAWN & GARDEN, INC.

**Current Principal Place of Business:**

900 ASHWOOD PKWY, STE 600  
ATLANTA, GA 30338

**Current Mailing Address:**

900 ASHWOOD PKWY, STE 600  
ATLANTA, GA 30338 US

**FEI Number:** 20-4933610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            SALMON, SCOTT  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            VP  
Name            BRUCE, HENRY  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            SECRETARY  
Name            SCHAEFFER, MICHAEL  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            CFO  
Name            COLMAN, STEPHEN  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            DIRECTOR  
Name            ORTMAN, TIM  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            ASST. SECRETARY  
Name            O'DRISCOLL, MICHAEL G  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

Title            ASST. SECRETARY  
Name            HICKMAN, GARY P  
Address        900 ASHWOOD PKWY, STE 600  
City-State-Zip: ATLANTA GA 30338

*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:** GARY P. HICKMAN

**ASSISTANT SECRETARY    04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date