

1.) CORPORATION NAME: <b>Oldcastle Lawn &amp; Garden, Inc.</b>	DUE DATE: <b>6/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C T CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1672122</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 375 Northridge Road, Suite 350

CITY/ST/ZIP: Atlanta, GA 30350

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EOIN LEHANE TITLE: PRESIDENT ADDRESS: 375 NORTHRIDGE ROAD, SUITE 350 CITY/ST/ZIP/CO: ATLANTA, GA 30350		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HENRY BRUCE TITLE: VICE PRESIDENT ADDRESS: 375 NORTHRIDGE ROAD, SUITE 350 CITY/ST/ZIP/CO: ATLANTA, GA 30350		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN COLMAN TITLE: VP/CFO ADDRESS: 375 NORTHRIDGE ROAD, SUITE 350 CITY/ST/ZIP/CO: ATLANTA, GA 30350		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert D. Quinn TITLE: SECRETARY ADDRESS: 375 Northridge Road, Suite 350 CITY/ST/ZIP/CO: ATLANTA, GA 30350		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY P. HICKMAN TITLE: ASST SECRETARY ADDRESS: 375 NORTHRIDGE ROAD, SUITE 350 CITY/ST/ZIP/CO: ATLANTA, GA 30350		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GARY P. HICKMAN	GARY P. HICKMAN, ASST SECRETARY	6/21/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.