

1.) CORPORATION NAME:

**Oldcastle Lawn & Garden, Inc.**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN ST.**

SCC ID NO: **F1672122**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 ASHWOOD PKWY, STE 600

CITY/ST/ZIP: ATLANTA, GA 30338

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.

NAME:	SCOTT SALMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	900 ASHWOOD PKWY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	HENRY BRUCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	900 ASHWOOD PKWY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	STEPHEN COLMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	900 ASHWOOD PKWY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	GARY P. HICKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	900 ASHWOOD PKWY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	MICHAEL SHAEFFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	900 ASHWOOD PARKWAY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	EOIN LEHANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 ASHWOOD PARKWAY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

NAME:	RICK MERGENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 ASHWOOD PKWY, STE 600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30338		

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.

<u>/s/ GARY P. HICKMAN</u>	<u>GARY P. HICKMAN, ASST</u>	<u>6/4/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.