

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **852526** (3)

1. Corporation Name
TASC, INC.



Principal Place of Business: **55 WALKERS BROOK DRIVE READING MA 01867**
Mailing Address: **55 WALKERS BROOK DRIVE READING MA 01867**

3. Date Incorporated or Qualified: **04/08/1982**
3a. Date of Last Report: **03/30/1995**
4. FEE Number: **04-2393618**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent Signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	HOLT, JOHN C.	<input type="checkbox"/> DELETE
NAME		313 OCEAN AVE.	
STREET ADDRESS		MARBLEHEAD MA 01945	
CITY- ST- ZIP			
TITLE	DC	KASPUTYS, JOSEPH E.	<input type="checkbox"/> DELETE
NAME		398 SIMON WILLARD RD.	
STREET ADDRESS		CONCORD MA 01742	
CITY- ST- ZIP			
TITLE	TS	PUTNEY, JOHN W.	<input type="checkbox"/> DELETE
NAME		55 WALKERS BROOK DRIVE	
STREET ADDRESS		READING MA 01867	
CITY- ST- ZIP			
TITLE	VD	KARGULA, MICHAEL R	<input type="checkbox"/> DELETE
NAME		55 WALKERS BROOK DR	
STREET ADDRESS		READING MA 01867	
CITY- ST- ZIP			
TITLE	VD	GANSLER, JACQUES S	<input type="checkbox"/> DELETE
NAME		55 WALKERS BROOK DRIVE	
STREET ADDRESS		READING MA 01867	
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	T Kenneth M. Stone
6.3 STREET ADDRESS	55 Walkers Brook Drive
6.4 CITY- ST- ZIP	Reading, MA 01867

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Kenneth M. Stone* Kenneth M. Stone 4/11/96 617-942-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)