

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1982
4. FEI Number: 04-2393618
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HOLT, JOHN C.	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 313 OCEAN AVE.	CITY-ST-ZIP: MARBLEHEAD MA 01945	1.2 NAME:	
TITLE: DC	NAME: KASPUTYS, JOSEPH E.	1.3 STREET ADDRESS:	
STREET ADDRESS: 398 SIMON WILLARD RD.	CITY-ST-ZIP: CONCORD MA 01742	1.4 CITY-ST-ZIP:	
TITLE: VS	NAME: PUTNEY, JOHN W.	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 55 WALKERS BROOK DRIVE	CITY-ST-ZIP: READING MA	2.2 NAME:	
TITLE: VD	NAME: KARGULA, MICHAEL R	2.3 STREET ADDRESS:	
STREET ADDRESS: 55 WALKERS BROOK DR	CITY-ST-ZIP: READING MA 01867	2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: GANSLER, JACQUES S	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 55 WALKERS BROOK DRIVE	CITY-ST-ZIP: READING MA 01867	3.2 NAME:	
TITLE: T	NAME: STONE, KENNETH M.	3.3 STREET ADDRESS:	
STREET ADDRESS: 55 WALKERS BROOK DRIVE	CITY-ST-ZIP: READING MA	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth M. Stone* Kenneth M. Stone 1/30/98 781-942-2000

CR2E034 (10/97)