

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90067 032 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 852526**

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** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 City & State 23  
 Zip Country 24

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 City & State 28  
 Zip Country 29

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. Evans Hineman	
1.3 STREET ADDRESS	55 Walkers Brook Drive	
1.4 CITY-ST-ZIP	Reading, MA 01867	
2.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark D. Gildersleeve	
2.3 STREET ADDRESS	55 Walkers Brook Drive	
2.4 CITY-ST-ZIP	Reading, MA 01867	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Timothy G. Paulson	
3.3 STREET ADDRESS	21240 Burbank Blvd.	
3.4 CITY-ST-ZIP	Woodland Hills, CA 91367-6675	
4.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Noel F. Widdifield	
4.3 STREET ADDRESS	4801 Stonecroft Blvd.	
4.4 CITY-ST-ZIP	Chantilly, VA 20151	
5.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kenneth M. Stone	
5.3 STREET ADDRESS	55 Walkers Brook Drive	
5.4 CITY-ST-ZIP	Reading, MA 01867	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John E. Preston	
6.3 STREET ADDRESS	21240 Burbank Blvd.	
6.4 CITY-ST-ZIP	Woodland Hills, CA 91367-6675	

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, with all other like empowered.

SIGNATURE Kenneth M. Stone 4/8/99 781-942-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)