

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90035 044 ***150.00

DOCUMENT # 852526

1. Entity Name

TASC, INC.

Principal Place of Business

Mailing Address

55 WALKERS BROOK DRIVE
 READING MA 01867

55 WALKERS BROOK DRIVE
 READING MA 01867-3238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2393618

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINEMAN, EVANS R	NAME	JAMES H. FRET
STREET ADDRESS	55 WALKERS BROOK DR.	STREET ADDRESS	55 WALKERS BROOK DR.
CITY-ST-ZIP	READING MA 01867	CITY-ST-ZIP	READING, MA 01867
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPUTYS, JOSEPH E.	NAME	NOEL Widdifield
STREET ADDRESS	398 SIMON WILLARD RD.	STREET ADDRESS	55 WALKERS BROOK DR.
CITY-ST-ZIP	CONCORD MA 01742	CITY-ST-ZIP	READING, MA 01867
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNEY, JOHN W.	NAME	JACK D. SLODAN
STREET ADDRESS	55 WALKERS BROOK DRIVE	STREET ADDRESS	55 WALKERS BROOK DR.
CITY-ST-ZIP	READING MA	CITY-ST-ZIP	READING, MA 01867
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VICE President/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARGULA, MICHAEL R	NAME	D. MICHAEL STEWERT
STREET ADDRESS	55 WALKERS BROOK DR	STREET ADDRESS	2140 BURBANK BLVD
CITY-ST-ZIP	READING MA 01867	CITY-ST-ZIP	WOODLAND HILLS, CA 91367-6675
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, KENNETH M.	NAME	WILLIAM E. MURRILL
STREET ADDRESS	55 WALKERS BROOK DRIVE	STREET ADDRESS	55 WALKERS BROOK DR.
CITY-ST-ZIP	READING MA	CITY-ST-ZIP	READING, MA 01867
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	PRESTON, JOHN E	NAME	
STREET ADDRESS	21240 BURBANK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367-6675	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William E. Murrill 2-7-00 781-942-2000