

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 043 ***550.00

0144716 AB

DOCUMENT # 852526

1. Entity Name
TASC, INC.



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

Mailing Address
**55 WALKERS BROOK DRIVE
READING MA 01867**

2. Principal Place of Business
4801 Stonecroft Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1840 Century Park East
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Chantilly, VA

City & State
Los Angeles, CA

4. FEI Number **04-2393618**

Applied For
 Not Applicable

Zip Country
20151 US

Zip Country
90067 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P O'NEILL, JAMES 4801 STONECRAFT BLVD. CHANTILLY VA 20151 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RINES, KENNY 4801 STONECRAFT BLVD CHANTILLY VA 20151 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOAK, RICHARD 4801 STONE CRAFT BLVD CHANTILLY VA 20151 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD STEUERT, MICHAEL 21240 BURBANK BLVD WOODLAND HILLS CA 91367 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT MORRILL, WILLIAM E 55 WALKERS BROOK DRIVE READING MA 01867 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRESTON, JOHN E 21240 BURBANK BLVD. WOODLAND HILLS CA 91367-6875 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SANFORD, JAMES L. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MULLAN, JOHN H. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, ALBERT F. 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TERRY, W. BURKS 1840 CENTURY PARK EAST LOS ANGELES, CA 90067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03 **(310) 201-3081**
Date Daytime Phone #

CR2E034 (4/03)