


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000004179**  
 1. Entity Name  
**ATC GROUP SERVICES INC.**



Principal Place of Business <b>600 WEST CUMMINGS PARK          SUITE 5500          WOBURN, MA 01801 US</b>	Mailing Address <b>600 WEST CUMMINGS PARK          SUITE 5500          WOBURN, MA 01801 US</b>
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>46-0399408</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TOUPS, ROBERT C 1604 W PINHOOK RD, STE 201 LAFAYETTE, LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRILLO, PAUL J 600 WEST CUMMINGS PARK, SUITE 5500 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BECK, DONALD W 1929 COUNTY ROAD, C2 W ROSEVILLE, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS MILLER, ELLEN B 600 WEST CUMMINGS PARK, SUITE 5500 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LATTZ, WENDELL W 5602 THOMPSON CTR, CT, # 405 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/08-80045-023 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ellen B. Miller Ellen B. Miller-Secretary 1-9-08 1-781-404-1374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #