

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004179

FILED
Jan 25, 2012
Secretary of State

Entity Name: ATC GROUP SERVICES INC.

Current Principal Place of Business:

221 RUE DE JEAN
SUITE 200
LAFAYETTE, LA 70508 US

New Principal Place of Business:

Current Mailing Address:

600 WEST CUMMINGS PARK
SUITE 5450
WOBBURN, MA 01801 US

New Mailing Address:

FEI Number: 46-0399408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: TOUPS, ROBERT C
Address: 221 RUE DE JEAN, SUITE 200
City-St-Zip: LAFAYETTE, LA 70508

Title: T
Name: GRILLO, PAUL J
Address: 600 WEST CUMMINGS PARK, SUITE 5450
City-St-Zip: WOBBURN, MA 01801

Title: SVP
Name: BECK, DONALD W
Address: 4380 ROUND LAKE RD., WEST
City-St-Zip: ARDEN HILLS, MN 55112

Title: GCS
Name: MILLER, ELLEN B
Address: 600 WEST CUMMINGS PARK, SUITE 5450
City-St-Zip: WOBBURN, MA 01801

Title: SVP
Name: LATTZ, WENDELL W
Address: 5602 THOMPSON CTR, CT, # 405
City-St-Zip: TAMPA, FL 33634

Title: SVP
Name: PAHOLAK, DAVID M
Address: 46555 HUMBOLDT DRIVE, SUITE 100
City-St-Zip: NOVI, MI 48377

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN B MILLER

GCS

01/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date