

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 038 ***308.75

DOCUMENT # F93000004179

1. Corporation Name

ATC GROUP SERVICES INC.

Principal Place of Business

1515 EAST 10TH STREET
SIOUX FALLS SD 57103
US

Mailing Address

P.O. BOX 1148 600 W. Cummings Park
SIOUX FALLS SD 57101-1148 Ste. 6000
Woburn MA 01801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1993

4. FEI Number

46-0399408

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

2a. Mailing Address

21 104 E. 25th Street

26 600 W. Cummings Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10th Floor

27 Ste 6000

City & State

City & State

23 New York NY

28 Woburn MA

Zip

Zip

24 10010

Country

29 01801

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, MARK
9955 NW 116 WAY
STE 1
MIAMI FL 33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME MALINO, NICHOLAS

STREET ADDRESS 104 E 25TH ST

CITY-ST-ZIP NEW YORK NY 10010

TITLE COO ☐ DELETE

NAME VINCZE, CHRISTOPHER

STREET ADDRESS 600 W CUMMINGS PARK #6500

CITY-ST-ZIP WOBURN MA 01801

TITLE S ☒ DELETE

NAME SMITH, JOHN J

STREET ADDRESS 1515 E 10TH ST

CITY-ST-ZIP SIOUX FALLS SD 57103

TITLE T ☒ DELETE

NAME CROSBY, WAYN A

STREET ADDRESS 1515 E 10TH ST

CITY-ST-ZIP SIOUX FALLS SC 57103

TITLE SVP ☐ DELETE

NAME BECK, DONALD W

STREET ADDRESS 104 E 25TH ST

CITY-ST-ZIP NEW YORK NY 10010

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)