

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000004179

1. Entity Name
ATC GROUP SERVICES INC.



Principal Place of Business
600 WEST CUMMINGS PARK
SUITE 5500
WOBURN, MA 01801 US

Mailing Address
600 WEST CUMMINGS PARK
SUITE 5500
WOBURN, MA 01801 US

FILED
Jan 12, 2005 08:00 AM
Secretary of State



01072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
46-0399408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LATTZ, WENDELL
5801 BENJAMIN CENTER DRIVE
STE 101
TAMPA, FL 33634

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEO TOUPS, ROBERT P 2020 W.PINHOOK ROAD, SUITE 303 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80049-014 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
Senior VP, General Counsel & Secretary 1/10/05 781-404-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #