

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90107 031 ***158.75

DOCUMENT # F93000004179

1. Entity Name
ATC GROUP SERVICES INC.



Principal Place of Business
**104 E 25TH STREET
10TH FLOOR
NEW YORK NY 10010
US**

Mailing Address
**600 W CUMMINGS PARK
STE 6000
WOBURN MA 01801
US**



2. Principal Place of Business
600 West Cummings Park

3. Mailing Address
600 West Cummings Park

Suite, Apt. #, etc.
Suite 5500

Suite, Apt. #, etc.
Suite 5500

City & State
Woburn, MA

City & State
Woburn, MA

Zip Country
01801 USA

Zip Country
01801 USA

4. FEI Number **46-0399408**

Applied For
☒ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Wendell Lattz
Street Address (P.O. Box Number is Not Acceptable)
**5801 Benjamin Center Drive
Suite 101**
City **FL** Zip Code **33634**
Tampa

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OFFERMANN, PETER 600 WEST CUMMINGS PK., #6000 WOBURN MA 01801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TOUPS, ROBERT P 2020 W PINHOOK ROAD SUITE 303 LAFAYETTE LA 70508 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRILLO, PAUL J 104 E 25TH ST, 10TH FL NEW YORK NY 10010 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BECK, DONALD W 104 E 25TH ST NEW YORK NY 10010 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS MILLER, ELLEN B 600 WEST CUMMINGS PK., #6000 WOBURN MA 01801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TOUPS, ROBERT P. 2020 W. Pinhook Road, Suite 303 Lafayette, LA 70508 <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	T GRILLO, PAUL J. 600 West Cummings Park, Suite 5500 Woburn, MA 01801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BECK, DONALD W. 1929 County Road, C2 W Roseville, MN 55113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS MILLER, ELLEN B. 600 West Cummings Park, Suite 5500 Woburn, MA 01801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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]
General Counsel & Secretary (781) 937-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)