## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address **600 W CUMMINGS PARK** 

## F93000004179 DOCUMENT #

1. Entity Name

Principal Place of Business

104 E 25TH STREET

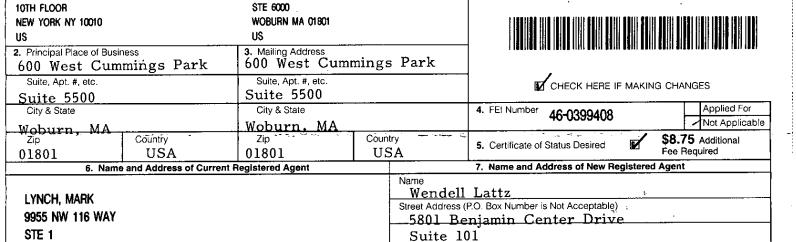
ATC GROUP SERVICES INC.



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

01-30-2003 90107 031 \*\*\*158.75





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

**MIAMI FL 33178** 

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

	r May 1, 2003 Fee will be \$550.00  C Payable to Florida Department of State			Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTO	L RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD OFFERMANN, PETER 600 WEST CUMMINGS PK., #6000 WOBURN MA 01801	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TOUPS, ROBERT P 2020 W PINHOOK ROAD SUITE 303 LAFAYETTE LA 70508	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRILLO, PAUL J 104 E 25TH ST, 10TH FL NEW YORK NY 10010	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Change Addition GRILLO, PAUL J. 600 West Cummings Park, Suite 5500 Woburn, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BECK, DONALD W 104 E 25TH ST NEW YORK NY 10010	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-SI-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 PK., #6000 WOBURN MA 01801	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS MILLER, ELLEN B. 600 West Cummings Park, Suite 5500 Woburn, MA_01801
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filling 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.

General Counsel & Secretary

CR2E034 (10/02)