

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006647

Entity Name: ADVANTAGE TECHNICAL RESOURCING, INC.**Current Principal Place of Business:**220 NORWOOD PARK SOUTH
NORWOOD, MA 02062**Current Mailing Address:**PO BOX 9130
NORWOOD, MA 02062-9130 US**FEI Number:** 04-3376944**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	AT
Name	DAVIS, CLARA
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

Title	S
Name	SPIGLE, KENNETH
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

Title	TASD
Name	MURATAKE, REIKI
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

Title	D
Name	MOTOHARA, HITOSHI
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

Title	AT
Name	BLACK, FRED
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

Title	PD
Name	OKA , TOSHIO
Address	220 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

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: FRED BLACK**ASST. TREASURER****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date