

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90054 033 ***150.00

0572245 AT

DOCUMENT # 844691

1. Entity Name
TECHNICAL AID CORPORATION

Principal Place of Business

**109 OAK STREET
 P.O. BOX 9110
 NEWTON UPPER FALLS MA 02464**

Mailing Address

**109 OAK STREET
 P.O. BOX 9110
 NEWTON UPPER FALLS MA 02464**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

888 WASHINGTON ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9100
 Suite, Apt. #, etc.

City & State

DEDHAM MA

City & State

DEDHAM MA

4. FEI Number

04-2457180

Applied For

Not Applicable

Zip

02027

Country

USA

Zip

02027-9100

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **TCD**
 STREET ADDRESS **BALSAMO, SALVATORE J**
 CITY-ST-ZIP **14 GRAND HILL DR DOVER MA**

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **IANDOLI, MICHAEL J**
 CITY-ST-ZIP **29 LANSING RD NEWTON MA**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HYNES, JAMES L III**
 CITY-ST-ZIP **85 SOUTH MILL ST. HOPKINTON MA 01748**

TITLE ☒ Delete
 NAME **DCEO**
 STREET ADDRESS **BALSAMO, ANTHONY J**
 CITY-ST-ZIP **110 KENSINGTON DR CANTON MA**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WIRTA, LINDA M**
 CITY-ST-ZIP **100 WESTCHESTER DR. CANTON MA 02021**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BALSAMO, VICKI C**
 CITY-ST-ZIP **18 WESTDALE RD. CANTON MA 02021**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PTCD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

SECRETARY

Date

Daytime Phone #

4/12/02 781-251-8000

CR2E034 (9/01)

3541108
Attachment # 844691

TECHNICAL AID CORPORATION
2002 FLORIDA UNIFORM BUSINESS REPORT

DOCUMENT # 844691
FEI NUMBER 04-2457180

LINE 12.

LIST OF ADDITIONAL DIRECTORS

~~D~~
CONSTANTINI, VINCENT
888 WASHINGTON ST.
DEDHAM, MA 02027

D
SCHROEDER, JOHN
888 WASHINGTON ST.
DEDHAM, MA 02027

D
HELM, WILLIAM
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WRIGHT, STEPHEN
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WHALEN, ROBERT
888 WASHINGTON ST.
DEDHAM, MA 02027