


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90261 037 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 844691</b><br>1. Entity Name<br><b>TECHNICAL AID CORPORATION</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>888 WASHINGTON ST<br/>DEDHAM, MA 02027</b> | Mailing Address<br><b>P.O. BOX 9100<br/>DEDHAM, MA 02027</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip<br><b>02026</b> Country                               | Zip<br><b>02027-9100</b> Country              |



04162004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>04-2457180</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. 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

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TCD<br>BALSAMO, SALVATORE A<br>14 GRAND HILL DR<br>DOVER, MA <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>888 WASHINGTON ST.<br/>DEDHAM, MA 02026</b>                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONSTANTINI, VINCENT<br>888 WASHINGTON ST<br>DEDHAM, MA 02027 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>COSTANTINI, VINCENT<br/>DEDHAM, MA 02026</b>                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TRMALLO, MARK<br>4 SHEFFIELD RD<br>WINCHESTER, MA 01890 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PAUL ADDORISIO<br/>888 WASHINGTON ST.<br/>DEDHAM, MA 02026</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHROEDER, JOHN<br>888 WASHINGTON ST<br>DEDHAM, MA 02027 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DEDHAM, MA 02026</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HELM, WILLIAM G JR<br>888 WASHINGTON ST<br>DEDHAM, MA 02027 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DEDHAM, MA 02026</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WRIGHT, STEVEN<br>888 WASHINGTON ST<br>DEDHAM, MA 02027 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>P.D.<br/>DICAMILLO, GARY<br/>888 WASHINGTON ST.<br/>DEDHAM, MA 02026</b> |

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: *Gary Dicamillo* **GARY DICAMILLO, PRESIDENT 4/26/04 781-251-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\* SEE ATTACHED LIST FOR ADDITIONAL DIRECTOR.

*Attachment*

*24058587*

TECHNICAL AID CORPORATION  
2004 FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844691  
FEDERAL ID#: 04-2457180

LINE 11.

LIST OF ADDITIONAL DIRECTORS

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JOHN A. SAXTON  
888 WASHINGTON ST.  
DEDHAM, MA 02026