

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844691

FILED
Mar 31, 2009
Secretary of State

Entity Name: TECHNICAL AID CORPORATION

Current Principal Place of Business:

888 WASHINGTON ST
DEDHAM, MA 02026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9100
DEDHAM, MA 020279100

New Mailing Address:

FEI Number: 04-2457180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BADAVAS, ROBERT
Address: 888 WASHINGTON ST
City-St-Zip: DEDHAM, MA 02026

Title: T () Delete
Name: KITAMURA, SHUNICHI
Address: ROPPONGI 6-10-1 35TH FLOOR
City-St-Zip: MINATO-KU,TOKYO JAPAN, 106-635

Title: S () Delete
Name: MANN, JONATHAN T
Address: 888 WASHINGTON ST
City-St-Zip: DEDHAM, MA 02026

Title: D () Delete
Name: AOYAMA, SATOSHI
Address: ROPPONGI 6-10-1 35TH FLOOR
City-St-Zip: MINATO-KU,TOKYO JAPAN, 106-635

Title: D () Delete
Name: DICAMILLO, GARY
Address: 888 WASHINGTON ST
City-St-Zip: DEDHAM, MA 02026

Title: ATD () Delete
Name: LASMAN, DANIEL
Address: 888 WASHINGTON ST
City-St-Zip: DEDHAM, MA 02026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KITAMURA, SHUNICHI
Address: ROPPONGI 6-10-1 35TH FLOOR
City-St-Zip: MINATO-KU,TOKYO, JP 106-6135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ELLIS, NATHAN
Address: 888 WASHINGTON ST.
City-St-Zip: DEDHAM, MA 02026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NATHAN ELLIS

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date