

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844691

FILED
Apr 16, 2012
Secretary of State

Entity Name: TECHNICAL AID CORPORATION

Current Principal Place of Business:

220 NORWOOD PARK SOUTH
NORWOOD, MA 02062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9130
NORWOOD, MA 020629130 US

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P
Name: PETERSON, RALPH
Address: 220 NORWOOD PARK SOUTH
City-St-Zip: NORWOOD, MA 02062

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

Title: S
Name: MANN, JONATHAN T
Address: 220 NORWOOD PARK SOUTH
City-St-Zip: NORWOOD, MA 02062

Title: VP
Name: ELLIS, NATHAN
Address: 220 NORWOOD PARK SOUTH
City-St-Zip: NORWOOD, MA 02062

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

Title: TASD
Name: LYMBERY, MARK JR.
Address: 220 NORWOOD PARK SOUTH
City-St-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: NATHAN ELLIS

VP

04/16/2012

Electronic Signature of Signing Officer or Director

Date