

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000001334**

1. Entity Name

**ALLIANCE HUMAN SERVICES, INC.****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91339 023 \*\*\*\*70.00

**00021177**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**49 LEXINGTON ST., SUITE 5  
NEWTON MA 02465**

Mailing Address

**49 LEXINGTON ST., SUITE 5  
NEWTON MA 02465**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**04-3476887**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, EDWARD M</b>	
STREET ADDRESS	<b>88 EDGEWATER ROAD</b>	
CITY-ST-ZIP	<b>NEEDHAM MA 02192</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robbins, Christopher</b>	
STREET ADDRESS	<b>8 Ashburton Place</b>	
CITY-ST-ZIP	<b>Boston MA 02108-2770</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JARISKO, JEROME J REV</b>	
STREET ADDRESS	<b>21 WALNUT ROAD</b>	
CITY-ST-ZIP	<b>HOLLISTER MA 01746</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McDermott, William</b>	
STREET ADDRESS	<b>MINTZ LEVIN, ONE FINANCIAL CENTER</b>	
CITY-ST-ZIP	<b>Boston MA 02111</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENNINGS, MICHAEL O ESQ</b>	
STREET ADDRESS	<b>73 CHESTNUT STREET</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MA 01103</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carstrom, Dr. Mike</b>	
STREET ADDRESS	<b>700 Beech Lane</b>	
CITY-ST-ZIP	<b>New Lenox IL 60451</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)