

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90001 009 ****70.00

DOCUMENT # F00000001334

1. Entity Name

ALLIANCE HUMAN SERVICES, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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. 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

After September 13, 2002,
min. will be \$236.25.

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

TITLE PSTD ☐ Delete
 NAME MURPHY, EDWARD M
 STREET ADDRESS 88 EDGEWATER ROAD
 CITY-ST-ZIP NEEDHAM MA 02192

TITLE D ☐ Delete
 NAME JARISKO, JEROME J. REV
 STREET ADDRESS 21 WALNUT ROAD
 CITY-ST-ZIP HOLLISTER MA 01746

TITLE D ☐ Delete
 NAME JENNINGS, MICHAEL O ESQ
 STREET ADDRESS 73 CHESTNUT STREET
 CITY-ST-ZIP SPRINGFIELD MA 01103

TITLE D ☐ Delete
 NAME ROBBINS, CHRISTOPHER
 STREET ADDRESS 8 ASHBURTON PLACE
 CITY-ST-ZIP BOSTON MA 02108-2770

TITLE D ☐ Delete
 NAME MCDERMOTT, WILLIAM
 STREET ADDRESS ONE FINANCIAL CENTER
 CITY-ST-ZIP BOSTON MA 02111

TITLE D ☐ Delete
 NAME CARISTROM, DR. MIKE
 STREET ADDRESS 700 BEECH LANE
 CITY-ST-ZIP NEW LENOX IL 60451

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer + Clerk ☐ Change ☒ Addition
 NAME John F. Corridan III
 STREET ADDRESS 37 Walnut Road
 CITY-ST-ZIP Holliston, MA 01746

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

8/29/02

617-332-5964

CR2E037 (4/02)