

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001334

FILED
Jan 05, 2004
Secretary of State**Entity Name:** ALLIANCE HUMAN SERVICES, INC.**Current Principal Place of Business:**49 LEXINGTON ST., SUITE 5
NEWTON, MA 02465**New Principal Place of Business:****Current Mailing Address:**49 LEXINGTON ST., SUITE 5
NEWTON, MA 02465**New Mailing Address:****FEI Number:** 04-3476887**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PSTD () Delete
Name: MURPHY, EDWARD M
Address: 88 EDGEWATER ROAD
City-St-Zip: NEEDHAM, MA 02192

Title: D () Delete
Name: JARISKO, JEROME J REV
Address: 21 WALNUT ROAD
City-St-Zip: HOLLISTER, MA 01746

Title: D () Delete
Name: JENNINGS, MICHAEL O ESQ
Address: 73 CHESTNUT STREET
City-St-Zip: SPRINGFIELD, MA 01103

Title: D () Delete
Name: ROBBINS, CHRISTOPHER
Address: 8 ASHBURTON PLACE
City-St-Zip: BOSTON, MA 021082770

Title: D () Delete
Name: MCDERMOTT, WILLIAM
Address: ONE FINANCIAL CENTER
City-St-Zip: BOSTON, MA 02111

Title: D () Delete
Name: CARISTROM, DR. MIKE
Address: 700 BEECH LANE
City-St-Zip: NEW LENOX, IL 60451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS J. GRADY

TRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date