

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002779

FILED
Jul 27, 2009
Secretary of State

Entity Name: ALTRAN SOLUTIONS CORP.

Current Principal Place of Business:

451 D STREET
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

2525 RT 130 S BLDG E
CRANBURY, NJ 08512

New Mailing Address:

FEI Number: 04-2924909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUPEYRON, XAVIER
Address: 451 D STREET
City-St-Zip: BOSTON, MA 02210

Title: P () Delete
Name: FOLEY, THOMAS
Address: 2525 ROUTE 130 SOUTH BLDG E
City-St-Zip: CRANBURY, NJ 08512

Title: V () Delete
Name: MASELLI, ANTHONY J
Address: 1061 SOUTH SUN DRIVE #1025
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: CAPRIO, CHRISTOPHER
Address: 451 D STREET
City-St-Zip: BOSTON, MA 02210

Title: T () Delete
Name: GUIDA, LEONARD
Address: 451 D STREET
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAUGA, PATTRICK
Address: 451 D STREET
City-St-Zip: BOSTON, MA 02210

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

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

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

Title: T (X) Change () Addition
Name: CAPRIO, CHRISTOPHER
Address: 451 D STREET
City-St-Zip: BOSTON, MA 02210

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: ANTHONY J. MASELLI

V

07/27/2009

Electronic Signature of Signing Officer or Director

_____ Date