

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000004179

1. Entity Name
ATC GROUP SERVICES INC.



Principal Place of Business
**600 WEST CUMMINGS PARK
SUITE 5500
WOBURN, MA 01801 US**

Mailing Address
**600 WEST CUMMINGS PARK
SUITE 5500
WOBURN, MA 01801 US**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0399408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000596376
01/23/07-80077-002 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TOUPS, ROBERT C 1604 W PINHOOK RD, STE 201 LAFAYETTE, LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRILLO, PAUL J 600 WEST CUMMINGS PARK, SUITE 5500 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BECK, DONALD W 1929 COUNTY ROAD, C2 W ROSEVILLE, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS MILLER, ELLEN B 600 WEST CUMMINGS PARK, SUITE 5500 WOBURN, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LATTZ, WENDELL W 5602 THOMPSON CTR, CT, # 405 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11, changed, or on an attachment with an address with all other fee empowered.

SIGNATURE: *Ellen B. Miller* **Ellen B. Miller
General Counsel & Secretary**

1/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime P