

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004179

Entity Name: ATC GROUP SERVICES INC.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

600 WEST CUMMINGS PARK  
SUITE 5500  
WOBURN, MA 01801 US

## New Principal Place of Business:

## Current Mailing Address:

600 WEST CUMMINGS PARK  
SUITE 5500  
WOBURN, MA 01801 US

## New Mailing Address:

FEI Number: 46-0399408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: TOUPS, ROBERT C  
Address: 1604 W PINHOOK RD, STE 201  
City-St-Zip: LAFAYETTE, LA 70508

Title: T ( ) Delete  
Name: GRILLO, PAUL J  
Address: 600 WEST CUMMINGS PARK, SUITE 5500  
City-St-Zip: WOBURN, MA 01801

Title: SVP ( ) Delete  
Name: BECK, DONALD W  
Address: 1929 COUNTY ROAD, C2 W  
City-St-Zip: ROSEVILLE, MN 55113

Title: GCS ( ) Delete  
Name: MILLER, ELLEN B  
Address: 600 WEST CUMMINGS PARK, SUITE 5500  
City-St-Zip: WOBURN, MA 01801

Title: SVP ( ) Delete  
Name: LATTZ, WENDELL W  
Address: 5602 THOMPSON CTR, CT, # 405  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: TOUPS, ROBERT C  
Address: 221 RUE DE JEAN, SUITE 200  
City-St-Zip: LAFAYETTE, LA 70508

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: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

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: ELLEN B. MILLER

GCS

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date