

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002400

1. Entity Name
ATC TOWER SERVICES, INC.



Principal Place of Business
116 HUNTINGTON AVE
11TH FLOOR
BOSTON, MA 02116

Mailing Address
116 HUNTINGTON AVE
11TH FLOOR
BOSTON, MA 02116



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
85-0313707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TAICLET, JAMES D JR 116 HUNTINGTON AVE. BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, WILLIAM 116 HUNTINGTON AVENUE BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFD SINGER, BRADLEY E 116 HUNTINGTON AVENUE BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MILSOM, MICHAEL B 116 HUNTINGTON AVENUE BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/05-80052-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Michael B. Milsom

Michael B. Milsom

4/21/05

(617)375-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #