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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90101 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004383

1. Corporation Name
TASC SERVICES CORPORATION

Principal Place of Business
**55 WALKER BROOK DR.
READING MA 01867**

Mailing Address
**55 WALKER BROOK DR.
READING MA 01867**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/11/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 04-3268014	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KASPUTYS, JOSEPH E		1.2 NAME R. Evans Hineman	
STREET ADDRESS 1000 WINTER ST.		1.3 STREET ADDRESS 55 Walkers Brook Drive	
CITY-ST-ZIP WALTHAM MA 02154		1.4 CITY-ST-ZIP Reading, MA 01867	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRAN, STEPHEN H		2.2 NAME Elton B. Klibanoff	
STREET ADDRESS 1000 WINTER ST.		2.3 STREET ADDRESS 55 Walkers Brook Drive	
CITY-ST-ZIP WALTHAM MA 02154		2.4 CITY-ST-ZIP Reading, MA 01867	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARGULA, MICHAEL R		3.2 NAME John Preston	
STREET ADDRESS 55 WALKERS BROOK DR.		3.3 STREET ADDRESS 21240 Burbank Blvd.	
CITY-ST-ZIP READING MA 01867		3.4 CITY-ST-ZIP Woodland Hills, CA 91367-6675	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, JOHN C		4.2 NAME Jeanette M. Thomas	
STREET ADDRESS 55 WALKER BROOK DR.		4.3 STREET ADDRESS 21240 Burbank Blvd.	
CITY-ST-ZIP READING MA 01867		4.4 CITY-ST-ZIP Woodland Hills, CA 91367-6675	
TITLE CFO	<input type="checkbox"/> DELETE	5.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUTNEY, JOHN W		5.2 NAME Timothy Paulson	
STREET ADDRESS 55 WALKERS BROOK DR.		5.3 STREET ADDRESS 21240 Burbank Blvd.	
CITY-ST-ZIP READING MA 01867		5.4 CITY-ST-ZIP Woodland Hills, CA 91367-6675	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE Assiatant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, KENNETH M		6.2 NAME	
STREET ADDRESS 55 WALKER BROOK DR		6.3 STREET ADDRESS	
CITY-ST-ZIP READING MA 01867		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth M. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 (21) 942-2000

CR2E034 (11/98)