

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004383 ✓

1. Entity Name

TASC SERVICES CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90064 003 ***150.00

Principal Place of Business

55 WALKERS BROOK DR.
READING, MA 01867

Mailing Address

55 WALKERS BROOK DR.
READING, MA 01867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3268014

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

CORPORATION SERVICE COMPANY
1201 NAYS STREET
TALLAHASSEE, FL. 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES H. FRET PRESIDENT
STREET ADDRESS	55 WALKERS BROOK DR.
CITY - ST - ZIP	READING, MA 01867
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE President
STREET ADDRESS	ELTON KUBANOFF
CITY - ST - ZIP	55 WALKERS BROOK DR.
CITY - ST - ZIP	READING, MA
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	JOAN PRESTON
CITY - ST - ZIP	21240 BURBANK BLVD
CITY - ST - ZIP	WOODLAND HILLS, CA 91367
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	JEANETTE THOMAS
CITY - ST - ZIP	21240 BURBANK BLVD
CITY - ST - ZIP	WOODLAND HILLS, CA 91367
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	TIMOTHY KILGUSON
CITY - ST - ZIP	21240 BURBANK BLVD
CITY - ST - ZIP	WOODLAND HILLS, CA 91367
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASST. TREASURER
STREET ADDRESS	WILLIAM E. MARRILL
CITY - ST - ZIP	55 WALKERS BROOK DR.
CITY - ST - ZIP	READING, MA 01867

i3. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)