

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003740

1. Entity Name  
TAC PROFESSIONAL STAFFING SERVICES, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90037 046 \*\*\*150.00

Principal Place of Business  
109 OAK STREET  
NEWTON UPPER FALLS MA 02464

Mailing Address  
109 OAK STREET  
NEWTON UPPER FALLS MA 02464

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 04-3321419

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME IANDOLI, MICHAEL J  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BALSAMO, SALVATORE A  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS MA ☐ Delete

TITLE TCD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DCEO  
NAME BALSAMO, ANTHONY J  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME REISMAN, KENNETH P  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS MA ☒ Delete

TITLE S  
NAME HYNES III, JAMES L.  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS, MA ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME WIRTA, LINDA M.  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS, MA ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME BALSAMO, VICKI C.  
STREET ADDRESS 109 OAK STREET  
CITY-ST-ZIP NEWTON UPPER FALLS, MA ☐ Change ☒ Addition

13. 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

MICHAEL J. IANDOLI  
PRESIDENT

3/22/01 (781) 251-8000  
Date Daytime Phone #

CR2E034 (10/00)