

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90054 041 ***150.00

DOCUMENT # F96000003740

1. Entity Name

TAC PROFESSIONAL STAFFING SERVICES, INC.

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

888 WASHINGTON ST.

3. Mailing Address

P.O. Box 9100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEDHAM MA

City & State

DEDHAM MA

Zip

02027

Country

USA

Zip

02027-9100

Country

USA

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

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

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DIANDOLI, MICHAEL J	
STREET ADDRESS	109 OAK STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	TCD	<input type="checkbox"/> Delete
NAME	BALSAMO, SALVATORE A	
STREET ADDRESS	109 OAK STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	BALSAMO, ANTHONY J	
STREET ADDRESS	109 OAK STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	HYNES, JAMES L III	
STREET ADDRESS	109 OAK STREET	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIRTA, LINDA M	
STREET ADDRESS	109 OAK ST	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALSAMO, VICKI C	
STREET ADDRESS	109 OAK ST	
CITY-ST-ZIP	NEWTON UPPER FALLS MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	888 WASHINGTON ST.	
CITY-ST-ZIP	DEDHAM, MA 02027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANTINI, VINCENT	
STREET ADDRESS	888 WASHINGTON ST.	
CITY-ST-ZIP	DEDHAM, MA 02027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	888 WASHINGTON ST.	
CITY-ST-ZIP	DEDHAM, MA 02027	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROEDER JOHN	
STREET ADDRESS	888 WASHINGTON ST.	
CITY-ST-ZIP	DEDHAM, MA 02027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	* SEE ATTACHED LIST OF	
STREET ADDRESS	ADDITIONAL DIRECTORS	
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Club, SECRETARY 4/12/02 781-251-8000

Date

Daytime Phone #

CR2E034 (9/01)

854159
Attachment # F96000003740

TAC PROFESSIONAL STAFFING SERVICES, INC.
2002 FLORIDA UNIFORM BUSINESS REPORT

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FEI NUMBER 04-3321419

LINE 12.

LIST OF ADDITIONAL DIRECTORS

D
HELM, WILLIAM
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WRIGHT, STEPHEN
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WHALEN, ROBERT
888 WASHINGTON ST.
DEDHAM, MA 02027