
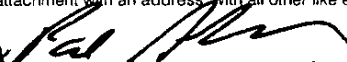


FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90014 007 ***150 00

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| DOCUMENT # F96000003740 | | | |  | | Secretary of State 03-20-2006 90014 007 ***150.00 | |
| 1. Entity Name TAC PROFESSIONAL STAFFING SERVICES, INC. | | | | | | | |
| Principal Place of Business 888 WASHINGTON STREET DEDHAM, MA 02026 US | | | | Mailing Address P O BOX 9100 DEDHAM, MA 02027-9100 US | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DICAMILLO, GARY 888 WASHINGTON STREET DEDHAM, MA 02026 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TCB BALSAMO, SALVATORE A 888 WASHINGTON STREET DEDHAM, MA 02026 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BADAVAS, ROBERT 888 WASHINGTON STREET DEDHAM, MA 02026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COSTANTINI, VINCENT 888 WASHINGTON STREET DEDHAM, MA 02026 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ELLIS, NATE 888 WASHINGTON STREET DEDHAM, MA 02026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ADDORISIO, PAUL 888 WASHINGTON STREET DEDHAM, MA 02026 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHROEDER, JOHN 888 WASHINGTON STREET DEDHAM, MA 02026 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ISHIZU TSUYOSHI NOBLE SAKAGUCHI 401, 23-29 MINAMITAKAHAMA - CHO SUITA - SHI, OSAKA, JAPAN 564-0025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HELM, G. WILLIAM JR 888 WASHINGTON STREET DEDHAM, MA 02026 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | | PAUL ADDORISIO, SECRETARY 3/13/06 781-251-8000 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | | | |