

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003740

FILED
Apr 09, 2009
Secretary of State

Entity Name: TAC PROFESSIONAL STAFFING SERVICES, INC.

Current Principal Place of Business:

888 WASHINGTON STREET
SUITE 102
DEDHAM, MA 02026 US

New Principal Place of Business:

888 WASHINGTON STREET
DEDHAM, MA 02026 US

Current Mailing Address:

P O BOX 9100
DEDHAM, MA 020279100 US

New Mailing Address:

FEI Number: 04-3321419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICAMILLO, GARY
Address: 888 WASHINGTON STREET
City-St-Zip: DEDHAM, MA 02026

Title: P () Delete
Name: BADAVAL, ROBERT
Address: 888 WASHINGTON STREET
City-St-Zip: DEDHAM, MA 02026

Title: T () Delete
Name: ELLIS, NATHAN
Address: 888 WASHINGTON STREET
City-St-Zip: DEDHAM, MA 02026

Title: S () Delete
Name: MANN, JONATHAN T
Address: 888 WASHINGTON STREET
City-St-Zip: DEDHAM, MA 02026

Title: D () Delete
Name: AOYAMA, SATOSHI
Address: ROPPONGI 6-10-1 35TH FLOOR
City-St-Zip: MINATO-KU, TOKYO, JA 106-635

Title: ATD () Delete
Name: LASMAN, DANIEL
Address: 888 WASHINGTON STREET
City-St-Zip: DEDHAM, MA 02026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AOYAMA, SATOSHI
Address: ROPPONGI 6-10-1 35TH FLOOR
City-St-Zip: MINATO-KU, TOKYO, JA 106-6135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN ELLIS

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date