

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90543 037 ***150.00

0613697 AT

DOCUMENT # F96000003740

1. Entity Name

TAC PROFESSIONAL STAFFING SERVICES, INC.



Principal Place of Business
888 WASHINGTON STREET
DEDHAM MA 02027
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

4. FEI Number **04-3321419**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WRIGHT, STEPHEN**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM MA 02027**

TITLE ☒ Change ☐ Addition
NAME **WRIGHT, STEPHEN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTCD** ☐ Delete
NAME **BALSAMO, SALVATORE A**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM MA 02027**

TITLE **T/C/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CONSTANTINI, VINCENT**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM FL 02027**

TITLE ☒ Change ☐ Addition
NAME **COSTANTINI, VINCENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HYNES, JAMES L III**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM MA 02027**

TITLE **S** ☐ Change ☒ Addition
NAME **TREMALLO, MARK**
STREET ADDRESS **4 SHEFFIELD RD.**
CITY-ST-ZIP **WINCHESTER, MA 01890**

TITLE **D** ☐ Delete
NAME **SCHROEDER, JOHN**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM MA 02027**

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

TITLE **D** ☐ Delete
NAME **HELM, WILLIAM**
STREET ADDRESS **888 WASHINGTON STREET**
CITY-ST-ZIP **DEDHAM MA 02027**

TITLE ☒ Change ☐ Addition
NAME **HELM JR., G. WILLIAM**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

MARK TREMALLO
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03 781-251-8000

CR2E034 (10/02)

Attachment #

TAC PROFESSIONAL STAFFING SERVICES, INC.
2003 FLORIDA CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT #
FEI NUMBER

F96000003740
04-3321419

20030264

LINE 11.

LIST OF ADDITIONAL OFFICERS AND DIRECTORS

D
ROBERT WHALEN
888 WASHINGTON ST.
DEDHAM, MA 02027

P/D
GARY DICAMILLO
888 WASHINGTON ST.
DEDHAM, MA 02027