

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90157 047 \*\*\*550.00

DOCUMENT # F96000005964

1. Entity Name

ATLANTIC DATA SERVICES, INC.

Principal Place of Business

1 BATTERYMARCH PARK  
QUINCY MA 02169

Mailing Address

1 BATTERYMARCH PARK  
QUINCY MA 02169

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

04-2696393

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
GALLAGHER, WILLIAM H  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
MCGRATH, PAUL K  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
GALLAGHER, WILLIAM H  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KENNEDY, LEE M  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HODGSON, DAVID  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RAYMOND, GEORGE  
1 BATTERYMARCH PARK  
QUINCY MA 02169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 OF GEORGE RAYMOND*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/00 617-7703333

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Attachment

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QUINCY MA 02169

Mailing Address

1 BATTERYMARCH PARK  
QUINCY MA 02169

DOB 76108

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, WILLIAM H		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, PAUL K		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, WILLIAM H		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, LEE M		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGSON, DAVID		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, GEORGE		NAME	
STREET ADDRESS	1 BATTERYMARCH PARK		STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)