

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90015 020 \*\*\*550.00

**DOCUMENT # F98000001170**

1. Corporation Name  
**ATC GP INC.**

Principal Place of Business  
**116 HUNTINGTON AVENUE  
BOSTON MA 02116**

Mailing Address  
**116 HUNTINGTON AVENUE  
BOSTON MA 02116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1998**

4. FEI Number

**04-3406567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DODGE, STEVEN B	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOX, ALAN	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WINN, JOSEPH L	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILSOM, MICHAEL B	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENINCASA, JUSTIN D	
STREET ADDRESS	116 HUNTINGTON AVENUE	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONER, THOMAS H	
STREET ADDRESS	410 SEVERN AVENUE	
CITY-ST-ZIP	ANNAPOLIS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Milson

5/25/99

Date

(617) 375-7500

Daytime Phone #

CR2E034 (11/98)