

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F98000001170**

1. Entity Name  
ATC GP INC.



Principal Place of Business  
116 HUNTINGTON AVENUE  
11TH FLOOR  
BOSTON, MA 02116

Mailing Address  
116 HUNTINGTON AVENUE  
11TH FLOOR  
BOSTON, MA 02116



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3406564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPCE  
TAICLET, JAMES  
116 HUNTINGTON AVENUE  
BOSTON, MA 02116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCFO  
SINGER, BRADLEY E T  
116 HUNTINGTON AVENUE  
BOSTON, MA 02116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEVP  
HESS, WILLIAMH  
116 HUNTINGTON AVENUE  
BOSTON, MA 02116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
MILSON, MICHAEL B  
46 HUNTINGTON AVE  
BOSTON, MA 02116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/26/05-80052-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Milson

4/21/05

(617)375-7500

Date

Daytime Phone #