

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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



01092006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11/28/06-80046-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

Michael B. Milson Michael B. Milson 1/9/2006 617 315-7500