

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 015 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000001692**

1. Corporation Name

**TOTAL TECHNICAL SERVICES, INC.**

Principal Place of Business

411 WAVERLEY OAKS ROAD, STE 302  
WALTHAM MA 02154

Mailing Address

411 WAVERLEY OAKS ROAD, STE 302  
WALTHAM MA 02154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

04-3151825

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ALARCORN, JOSEPH**  
**7000 LAKE ELLENOR DRIVE, STE 123**  
**ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name

**CT Corporation**

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

**1200 South Pine Island Road**

83

84 City

**Pine Island****FL**

85

Zip Code

**33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, such change was made to the corporation's records, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, to execute this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Signature must be in ink and must be legible.)

[Signature] **JOSEPH ALARCORN**

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**PTD**  
**NAME BERNARD, KELVIN E**  
**STREET ADDRESS 117 WORCESTER LANE**  
**CITY-STATE-ZIP WALTHAM MA**
TITLE ☐ DELETE
**D**  
**NAME BECKER, ROGER**  
**STREET ADDRESS 27 EVERGREEN AVENUE**  
**CITY-STATE-ZIP WALTHAM MA**
TITLE ☐ DELETE
**C**  
**NAME PAPPAS, MICHAEL L**  
**STREET ADDRESS 2011 STEARNS HILL ROAD**  
**CITY-STATE-ZIP WALTHAM MA**
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

121 Black Bear Drive Unit 1811

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505(1), 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] **Kelvin E. Bernard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kelvin E. Bernard President**

Date

Daytime Phone #

CR2E034 (11/98)