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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P13131 (8)

1. Corporation Name  
TAD TEMPORARIES, INC.

Principal Place of Business  
639 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

Mailing Address  
639 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139-3337



3. Date Incorporated or Qualified 02/05/1987  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANATATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME CHIPMAN, RICHARD  
STREET ADDRESS 7 WELFLEET DR.  
CITY- ST- ZIP NORTHFOLK MA

DELETE

TITLE T  
NAME WIRTZ, NORMAN  
STREET ADDRESS 15 STILLWELL AVE.  
CITY- ST- ZIP NORTHFOLK MA

DELETE

TITLE VPSD  
NAME KATTER, WILLIAM F.  
STREET ADDRESS 128 LONGFELLOW RD  
CITY- ST- ZIP SUDBURY MA

DELETE

TITLE AS  
NAME DACEY, DENNIS J.  
STREET ADDRESS 64 BAY STATE RD  
CITY- ST- ZIP ALINGTON MA

DELETE

TITLE PD  
NAME JAMES S. DAVIS  
STREET ADDRESS 639 MASSACHUSETTS AVE  
CITY- ST- ZIP CAMBRIDGE MA

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

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Change Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-97 617.866.1660

CR2E034 (9/96)