

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22681 (1)

1. Corporation Name

TAC/TEMPS, INC.

Principal Place of Business

109 OAK STREET
P. O. BOX 9110
NEWTON UPPER FALLS MA 02164

Mailing Address

109 OAK STREET
P. O. BOX 9110
NEWTON UPPER FALLS MA 02164



3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

04-2759326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

CEO/TREASURER/DIRECTOR

☒ Change ☐ Addition

NAME BALSAMO, SALVATORE A.

12 NAME

BALSAMO, SALVATORE A.

STREET ADDRESS 14 GRANDHILL DRIVE

13 STREET ADDRESS

14 GRAND HILL DR.

CITY-ST-ZIP DOVER MA

14 CITY-ST-ZIP

DOVER, MA

TITLE ☐ DELETE

2.1 TITLE

PRESIDENT

☒ Change ☐ Addition

NAME REISMAN, KENNETH P.

22 NAME

IANDOLI, MICHAEL J.

STREET ADDRESS 34 ROOSEVELT ROAD

23 STREET ADDRESS

29 LANSING RD.

CITY-ST-ZIP NEWTON MA

24 CITY-ST-ZIP

NEWTON, MA

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME IANDOLI, MICHAEL J.

32 NAME

STREET ADDRESS 29 LANSING RD

33 STREET ADDRESS

CITY-ST-ZIP NEWTON MA

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME BALSAMO, ANTHONY J

42 NAME

STREET ADDRESS 110 KENSINGTON DR

43 STREET ADDRESS

CITY-ST-ZIP CANTON MA

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

Kenneth P. Reisman

KENNETH P. REISMAN/CLERK

1/18/96

(617)969-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)