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May 02 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 # P22681

(1)

1. Corporation Name

TAC/TEMPS, INC.

Principal Place of Business

Mailing Address

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

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



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

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

01/31/1996

4. FEI Number

04-2759326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 CTD ☐ DELETE
NAME BALSAMO, SALVATORE A.
STREET ADDRESS 14 GRANDHILL DRIVE
CITY-ST-ZIP DOVER MA

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

TITLE S ☐ DELETE
NAME REISMAN, KENNETH P.
STREET ADDRESS 34 ROOSEVELT ROAD
CITY-ST-ZIP NEWTON MA

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

TITLE P ☐ DELETE
NAME IANDOLI, MICHAEL J.
STREET ADDRESS 29 LANSING RD
CITY-ST-ZIP NEWTON MA

31 TITLE P/D ☒ Change ☐ Addition
32 NAME IANDOLI, MICHAEL J.
33 STREET ADDRESS 29 LANSING RD.
34 CITY-ST-ZIP NEWTON, MA

TITLE D ☐ DELETE
NAME BALSAMO, ANTHONY J
STREET ADDRESS 110 KENSINGTON DR
CITY-ST-ZIP CANTON MA

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, if changed, or on an attachment with an address.

SIGNATURE: *Y* *W. P. Mortham, Secretary* KENNETH P. REISMAN, SECRETARY 4/25/97 (617) 969-3100
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000374

CR2E034 (9/96)