# 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 # **P39334** **(8)**

1. Corporation Name

**TAC STAFFING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 109 OAK STREET<br>NEWTON UPPER FALLS MA 02164 | 109 OAK STREET<br>NEWTON UPPER FALLS MA 02164 |

3. Date Incorporated or Qualified: **06/22/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **04-3157569** ☐ 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

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

10. Name and Address of New Registered Agent

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 required when executing this document) (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PTD | ☐ DELETE | 1.1 TITLE | CEO/TREASURER/DIRECTOR | ☒ Change ☐ Addition |
| NAME | BALSAMO, SALVATORE A. | | 1.2 NAME | BALSAMO, SALVATORE A. | |
| STREET ADDRESS | 14 GRAND HILL DIRVE | | 1.3 STREET ADDRESS | 14 GRAND HILL DR. | |
| CITY-ST-ZIP | DOVER MA | | 1.4 CITY-ST-ZIP | DOVER, MA | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | IANDOLI, MICHAEL J. | | 2.2 NAME | IANDOLI, MICHAEL J. | |
| STREET ADDRESS | 29 LANSING RD | | 2.3 STREET ADDRESS | 29 LANSING RD. | |
| CITY-ST-ZIP | NEWTON MA | | 2.4 CITY-ST-ZIP | NEWTON, MA | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REISMAN, KENNETH P. | | 3.2 NAME | | |
| STREET ADDRESS | 34 ROOSEVELT ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWTON MA | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BALSAMO, ANTHONY J | | 4.2 NAME | | |
| STREET ADDRESS | 110 KENSINGTON DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CANTON MA | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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 Reisman, Clerk KENNETH P. REISMAN/CLERK 1/18/96 (617)969-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #