FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39709** **(1)**

1. Corporation Name

TAC TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
109 OAK STREET NEWTON UPPER FALLS MA 02164	109 OAK STREET NEWTON UPPER FALLS MA 02164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1992**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **04-3157576**	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25
2a. Mailing Address — 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE 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 Section 607.1216, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE PTD NAME BALSAMO, SALVATORE A. STREET ADDRESS 14 GRAND HILL DRIVE CITY-ST-ZIP DOVER MA	☐ Change ☐ Addition
TITLE D NAME IANDOLI, MICHAEL J. STREET ADDRESS 491 CHESTNUT STREET CITY-ST-ZIP NEWTON MA	X Change ☐ Addition 29 LANSING RD
TITLE S NAME REISMAN, KENNETH P. STREET ADDRESS 34 ROOSEVELT ROAD CITY-ST-ZIP NEWTON MA	☐ Change ☐ Addition
TITLE D NAME BALSAMO, ANTHONY J STREET ADDRESS 110 KENSINGTON DR CITY-ST-ZIP CANTON MA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is accurately typed/printed and 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 added, above or on an attachment with an asterisk.

SIGNATURE: Salvatore A. Balsamo — SALVATORE BALSAMO — 4/25/95 — (617) 969-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478238 FP