

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000051355

1. Entity Name
TRIAD CONSULTING, INC.



Principal Place of Business

28 CLIFF STREET
BEVERLY, MA 01945

Mailing Address

PO BOX 323
BEVERLY, MA 01945



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3448055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, JAMES
255 EVERNIA ST.
APT. 202
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

3/5/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | THERIAULT, JOHN |
| STREET ADDRESS | 28 CLIFF STREET |
| CITY-ST-ZIP | BEVERLY, MA 01945 |
| TITLE | T |
| NAME | HANCOCK, STEVEN |
| STREET ADDRESS | 5700 STAGLINE COURT |
| CITY-ST-ZIP | ARLINGTON, TX 76017 |
| TITLE | C |
| NAME | HOWARD, JAMES |
| STREET ADDRESS | 255 EVERNIA ST., APT. 202 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/5/05 978-922-8645

Date

Daytime Phone #