

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002779

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC7894241346**

**Entity Name:** ALTRAN SOLUTIONS CORP.

**Current Principal Place of Business:**

451 D STREET  
BOSTON, MA 02210

**Current Mailing Address:**

451 D STREET  
BOSTON, MA 02210

**FEI Number:** 04-2924909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ALDRIN, OLIVIER  
Address 96 AVENUE CHARLES DE GAULLE  
92200 NEUILLY SUR SEINE  
City-State-Zip: NEUILLY SUR SEINE

Title P  
Name FOLEY, THOMAS  
Address 2525 ROUTE 130 SOUTH BLGD E  
City-State-Zip: CRANBURY NJ 08512

Title V  
Name BLODGETT, SCOT J  
Address 451 D. STREET  
City-State-Zip: BOSTON MA 02210

Title T  
Name CAPRIO, CHRISTOPHER  
Address 451 D STREET  
City-State-Zip: BOSTON MA 02210

Title S  
Name MILLER, ALLYSON  
Address 451 D STREET  
City-State-Zip: BOSTON MA 02210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALLYSON MILLER**

**SECRETARY**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date