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FILED
Apr 21 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 # F96000002394 (2)

1. Corporation Name
TASC SYSTEMS ENGINEERING CORPORATION

Principal Place of Business
55 WALKERS BROOK DR
READING MA 01867

Mailing Address
55 WALKERS BROOK DR
READING MA 01867-3238



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 04-3310728		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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, 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KASPUTYS, JOSEPH E		1.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CURRAN, STEPHEN H		2.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KARGULA, MICHAEL R		3.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		3.4 CITY-ST-ZIP				
TITLE	CFOD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PUTNEY, JOHN W		4.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		4.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOLT, JOHN C		5.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STONE, KENNETH M		6.2 NAME				
STREET ADDRESS	55 WALKERS BROOK DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	READING MA 01867		6.4 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:

Kenneth M. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M. Stone

4/7/97 617-942-2000

CR2E034 (9/96)