

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 045 ***150.00

DOCUMENT # F99000005602 1. Entity Name 850 MANAGED SERVICES, INC.					
Principal Place of Business 888 WASHINGTON ST. DEDHAM, MA 02026			Mailing Address P O BOX 9100 DEDHAM, MA 02027-9100		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ELLIS, NATE 888 WASHINGTON ST. DEDHAM, MA 02026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ELLIS, NATHAN 888 WASHINGTON ST. DEDHAM, MA 02026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATSIPOULOS, ANASTASIAS 888 WASHINGTON ST. DEDHAM, MA 02026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATSIPOULOS, ANASTASIOS 888 WASHINGTON ST. DEDHAM, MA 02026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICAMILLO, GARY 888 WASHINGTON ST DEDHAM, MA 02026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZHIZU, TSUYOSHI NOBEL SAKAGUCHI 401, 23-29 SUTTA-SHI, OSAKA, JN 564-025 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AOYAMA, SATOSHI ROPPONGI 6-10-1 35TH FLOOR MINATO-KU, TOKYO 106-6135 JAPAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / ASSISTANT TREASURER LASMAN, DANIEL 888 WASHINGTON ST. DEDHAM, MA 02026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAJI, TAKEO ROPPONGI 6-10-1 35TH FLOOR MINATO-KU, TOKYO 106-6135 JAPAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X <u><i>A. Hatosopoulos</i></u> ANASTASIOS HATSIPOULOS, SECRETARY 4/10/07 781-257-8223					

ATTACHMENT

60036256

850 Managed Services, Inc.
Florida 2007 For Profit Corporation Annual Report

Federal ID # 04-3488100
Document # F99000005602

List of Additional Directors

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