

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005602

Entity Name: ADVANTAGE TECHNICAL SERVICES, INC.**Current Principal Place of Business:**220 NORWOOD PARK SOUTH
NORWOOD, MA 02062**Current Mailing Address:**P O BOX 9130
NORWOOD, MA 02062-9130 US**FEI Number:** 04-3488100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 TASD
Name MURATAKE, REIKI
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title S
Name MANN, JONATHAN T
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title D
Name MOTOHARA, HITOSHI
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title P
Name PETERSON, RALPH
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title AT
Name DAVIS, CLARA
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title AT
Name BLACK, FRED
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

Title DIRECTOR
Name MARHEINEKE, MARK
Address 220 NORWOOD PARK SOUTH
City-State-Zip: NORWOOD MA 02062

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: JONATHAN T. MANN**SECRETARY****04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date