

**2015 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 TSD  
Name MURATAKE, REIKI  
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 AT  
Name DAVIS, CLARA  
Address 220 NORWOOD PARK SOUTH  
City-State-Zip: NORWOOD MA 02062

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

Title AS  
Name SPIGLE, KENNETH  
Address 220 NORWOOD PARK SOUTH  
City-State-Zip: NORWOOD MA 02062

Title D  
Name OKA, TOSHIO  
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

*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:** FRED BLACK

ASST. TREASURER

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date