

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005602

1. Entity Name

TAC MANAGED SERVICES, INC.

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90037 045 \*\*\*150.00

Principal Place of Business

109 OAK STREET  
NEWTON UPPER FALLS MA 02464

Mailing Address

109 OAK STREET  
NEWTON UPPER FALLS MA 02464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3488100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME IANDOLI, MICHAEL J  
STREET ADDRESS 29 LANSING ROAD  
CITY-ST-ZIP WEST NEWTON MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME REISMAN, KENNETH P  
STREET ADDRESS 34 ROOSEVELT ROAD  
CITY-ST-ZIP NEWTON CENTRE MA

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS HYNES III, JAMES L.  
CITY-ST-ZIP 85 SOUTH MILL ST.  
HOPKINTON, MA

TITLE TD ☐ Delete  
NAME BALSAMO, SALVATORE A  
STREET ADDRESS 14 GRANDHILL ROAD  
CITY-ST-ZIP DOVER MA

TITLE ☒ Change ☐ Addition  
NAME TCD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DCEO ☐ Delete  
NAME BALSAMO, ANTHONY J  
STREET ADDRESS 110 KENSINGTON DRIVE  
CITY-ST-ZIP CANTON MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS WIRTA, LINDA M.  
CITY-ST-ZIP 100 WESTCHESTER DR.  
CANTON, MA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS BALSAMO, VICKI C.  
CITY-ST-ZIP 18 WESTDALE ST.  
CANTON, MA

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. IANDOLI 3/22/01 (781) 251-8000  
PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)