

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 044 ***150.00

DOCUMENT # **F99000005602** *NIC AM*

1. Entity Name
~~TAC MANAGED SERVICES, INC.~~

850 MANAGED SERVICES, INC.

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
888 WASHINGTON ST.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9100
 Suite, Apt. #, etc.

City & State
DEDHAM MA
 Zip
02027 Country
USA

City & State
DEDHAM MA
 Zip
02027-9100 Country
USA

4. FEI Number **04-3488100**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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.

SIGNATURE _____ (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IANDOLI, MICHAEL J 29 LANSING ROAD WEST NEWTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYNES, JAMES L III 85 SOUTH MILL ST. HOPKINTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD BALSAMO, SALVATORE A 14 GRANDHILL ROAD DOVER MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BALSAMO, ANTHONY J 110 KENSINGTON DRIVE CANTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRTA, LINDA M 100 WESTCHESTER DR. CANTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALSAMO, VICKI C 18 WESTDALE ST. CANTON MA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SALVUCCI, PAUL 102 PINE ST. NEEDHAM, MA 02192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATSIPOULOS, ANASTASIOS 37 LENOX ST. BROCKTON, MA 02301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* SEE ATTACHED LIST OF ADDITIONAL DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christina Hatzopoulos* SECRETARY 4/12/02 781-251-8116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

850 MANAGED SERVICES, INC.
2002 FLORIDA UNIFORM BUSINESS REPORT

DOCUMENT # F99000005602 / 634857
FEI NUMBER 04-3488100

LINE 12.

LIST OF ADDITIONAL DIRECTORS

D
CONSTANTINI, VINCENT
888 WASHINGTON ST.
DEDHAM, MA 02027

D
SCHROEDER, JOHN
888 WASHINGTON ST.
DEDHAM, MA 02027

D
HELM, WILLIAM
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WRIGHT, STEPHEN
888 WASHINGTON ST.
DEDHAM, MA 02027

D
WHALEN, ROBERT
888 WASHINGTON ST.
DEDHAM, MA 02027