

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                                                                            |                                                                                                                                      |                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 849214</b><br>1. Entity Name<br><b>ACS STATE &amp; LOCAL SOLUTIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                            |                                                                                                                                      |                                        |  |
| Principal Place of Business<br><b>1200 K STREET,NW<br/>#FL-12<br/>WASHINGTON, DC 20005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                            | Mailing Address<br><b>1200 K STREET,NW<br/>#FL-12<br/>WASHINGTON, DC 20005</b>                                                       |                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | 3. Mailing Address<br><b>2828 N Haskell</b><br>Suite, Apt. #, etc.<br><b>Bldg 1 FL-10</b><br>City & State<br><b>Dallas, TX</b><br>Zip      Country<br><b>75204      US</b> |                                                                                                                                      |                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | 4. FEI Number<br><b>13-1996647</b>                                                                                                                                         |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                            |                                                                                                                                      |                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                                                                            |                                                                                                                                      |                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                        |                                                                                                                                      |                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>BROPHY, JOHN M</b><br><b>1200 K STREET N.W., 12TH FLOOR</b><br><b>WASHINGTON, DC</b>                       |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>Vice President</b><br><b>David Jarrett</b><br><b>2828 N Haskell Bldg 1 FL-10</b><br><b>Dallas, TX 75204</b>          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VSD</b><br><b>DECKELMAN, WILLIAM L JR.</b><br><b>2828 N. HASKELL AVENUE, BLDG. 1, FL-10</b><br><b>DALLAS, TX 75204</b> |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>Assistant Secretary</b><br><b>Cynthia L Hageman</b><br><b>2828 N Haskell Bldg 1 FL-10</b><br><b>Dallas, TX 75204</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>REXFORD, JOHN</b><br><b>2828 N. HASKELL AVENUE, BLDG. 1, FL-10</b><br><b>DALLAS, TX 75204</b>              |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br><b>VINEYARD, NANCY P</b><br><b>3988 N. CENTRAL EXPY., FL-9</b><br><b>DALLAS, TX 75204</b>                     |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>AS</b><br><b>LEWIS, WAYNE R</b><br><b>2828 N. HASKELL AVENUE, BLDG. 1, FL-10</b><br><b>DALLAS, TX 75204</b>            |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>RICH, JEFFREY A</b><br><b>2828 N. HASKELL AVENUE, BLDG. 1, FL-10</b><br><b>DALLAS, TX 75204</b>            |                                                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                           |                                                                                                                                                                            |                                                                                                                                      |                                                                                                                         |  |
| <b>SIGNATURE: Cynthia L Hageman</b> <b>Cynthia L Hageman, Asst. Secretary</b> <b>4/4/05</b> <b>214-841-6352</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                                                                                                                            |                                                                                                                                      |                                                                                                                         |  |

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