

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000263

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** AFFILIATED COMPUTER SERVICES, INC.

**Current Principal Place of Business:**

45 GLOVER AVENUE  
NORWALK, CT 06856

**New Principal Place of Business:**

**Current Mailing Address:**

45 GLOVER AVENUE  
NORWALK, CT 06856

**New Mailing Address:**

**FEI Number:** 32-0293031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BLODGETT, LYNN R  
**Address:** 45 GLOVER AVENUE  
**City-St-Zip:** NORWALK, CT 06856

**Title:** SVP  
**Name:** PEFFER, J. MICHAEL  
**Address:** 2828 N. HASKELL AVE  
**City-St-Zip:** DALLAS, TT 75204

**Title:** AS  
**Name:** MARSHALL, DOUG  
**Address:** 45 GLOVER AVENUE  
**City-St-Zip:** NORWALK, CT 06856

**Title:** D  
**Name:** BURNS, URSULA  
**Address:** 45 GLOVER AVENUE  
**City-St-Zip:** NORWALK, CT 06856

**Title:** CFO  
**Name:** LONDON, JOHN A  
**Address:** 2828 N. HASKELL AVE  
**City-St-Zip:** DALLAS, TX 75204

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:** J. MICHAEL PEFFER

SVP

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date