


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90090 041 \*\*\*150.00

0653724 AT

<b>DOCUMENT #</b> P15866	
1. Entity Name ACS ENTERPRISE SOLUTIONS, INC.	

Principal Place of Business 2828 N. HASKELL AVE., BLDG. 1. FL-10 DALLAS TX 75204	Mailing Address 2828 N. HASKELL AVE., BLDG. 1. FL-10 DALLAS TX 75204
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number	75-2179860	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	DECKELMAN, WILLIAM L JR.	
STREET ADDRESS	2828 N. HASKELL AVE., BLDG. 1, FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, MIKE	
STREET ADDRESS	2828 N. HASKELL AVE., BLDG. 1, FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, JEFFREY A	
STREET ADDRESS	2828 N. HASKELL AVE., BLDG. 1, FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEWIS, WAYNE R	
STREET ADDRESS	2828 N. HASKELL AVE., BLDG. 1, FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	V	<input type="checkbox"/> Delete
NAME	REXFORD, JOHN	
STREET ADDRESS	2828 N. HASKELL AVE., BLDG. 1, FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	T	<input type="checkbox"/> Delete
NAME	VINEYARD, NANCY P	
STREET ADDRESS	3988 N. CENTRAL EXPY., FL-9	
CITY-ST-ZIP	DALLAS TX 75204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel M. Brophy	
STREET ADDRESS	300 Frank W. Burr Blvd.	
CITY-ST-ZIP	Teaneck, NJ 07666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information empowered.

SIGNATURE: Wayne R. Lewis Wayne R. Lewis, Assist. Secretary 4/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)