


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90057 010 \*\*\*450.00

UDK204

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18472**

1. Corporation Name  
**ACS DATA ENTRY, INC.**



Principal Place of Business <b>510 WEST PARKLAND DRIVE                  SANDY UT 84070</b>	Mailing Address <b>2828 N. HASKELL                  10TH FLOOR                  DALLAS TX 75204</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>03/18/1988</b>	
4. FEI Number <b>87-0430896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>C T CORPORATION SYSTEM                  1280 SO PINE ISLAND ROAD                  PLANTATION. FL FL 33324</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CD RICH, JEFFREY A</b>
STREET ADDRESS	<b>2828 N. HASKELL AVENUE</b>
CITY-ST-ZIP	<b>DALLAS TX 75204</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BLODGETT, LYNN</b>
STREET ADDRESS	<b>510 W. PARKLAND DRIVE</b>
CITY-ST-ZIP	<b>SANDY UT 84070</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPD BLODGETT, THOMAS</b>
STREET ADDRESS	<b>510 W. PARKLAND DRIVE</b>
CITY-ST-ZIP	<b>SANDY UT 84070</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S BLACK, DAVID W</b>
STREET ADDRESS	<b>2828 N. HASKELL AVENUE</b>
CITY-ST-ZIP	<b>DALLAS TX 75204</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T VINEYARD, NANCY</b>
STREET ADDRESS	<b>2828 N. HASKELL AVENUE</b>
CITY-ST-ZIP	<b>DALLAS TX 75204</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HORTENSTINE, HENRY</b>
STREET ADDRESS	<b>2828 N. HASKELL AVE</b>
CITY-ST-ZIP	<b>DALLAS TX 75204</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>3988 N. Central Expressway</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Black **David W. Black, Secretary** Jan 11, 1999 214-841-6197  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)