

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90021 032 ***150.00

0611662 AT

DOCUMENT # 822109

1. Entity Name

ACS IMAGE SOLUTIONS, INC.

Principal Place of Business

**2828 N HASKELL AVE
10TH FL
DALLAS TX 75204
US**

Mailing Address

**2828 N HASKELL AVE
10TH FL
DALLAS TX 75204
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0394095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(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.

**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	T	<input type="checkbox"/> Delete
NAME	VINEYARD, NANCY	
STREET ADDRESS	3988 N. CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BUBB, RANDY	
STREET ADDRESS	2828 N.HASKELL AVE,FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REXFORD, JOHN H	
STREET ADDRESS	2828 N.HASKELL AVE,FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLODGETT, TOM	
STREET ADDRESS	2828 N.HASKELL AVE,FL-10	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DECKELMAN, WILLIAM L JR.	
STREET ADDRESS	2828 N HASKELL AVE 10TH FL	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEWIS, WAYNE	
STREET ADDRESS	2828 N. HASKELL FL 10	
CITY-ST-ZIP	DALLAS TX 75204	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

(214) 841-8369

Daytime Phone #

CR2E034 (9/01)