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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90133 005 ***150.00

U542345

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **827118**

1. Corporation Name
ACS GOVERMENT SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
ONE CURIE COURT ROCKVILLE MD 20850	2828 N. HASKELL FLOOR 10 DALLAS TX 75204 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed: 05/15/1969

4. FEI Number: 52-0882982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 3/30/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRACKEN, PETER A		1.2 NAME		
STREET ADDRESS	ONE CURIE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20850		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRACKEN, PETER A		2.2 NAME		
STREET ADDRESS	ONE CURIE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD		2.4 CITY-ST-ZIP		
TITLE	EVP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VESCHI, ROBERT		3.2 NAME		
STREET ADDRESS	ONE CURIE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20850		3.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ED		4.2 NAME		
STREET ADDRESS	ONE CURIE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD 20850		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME			5.2 NAME	Hays Haney	
STREET ADDRESS			5.3 STREET ADDRESS	2828 N. Haskell Ave. 10th Fl	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Dallas TX 75204	
TITLE		☐ DELETE	6.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME			6.2 NAME	Nancy Vineyard	
STREET ADDRESS			6.3 STREET ADDRESS	3988 N. Central Expressway	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Dallas TX 75204	

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: Hays Haney 3/30/99 214-841-6197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)