

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 PM 1:20****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 842222 (2)**

1. Corporation Name

EXAMINATION MANAGEMENT SERVICES, INC.

Principal Place of Business

**1111 WEST MOCKINGBIRD LANE
SUITE 500
DALLAS TX 75247**

Mailing Address

**1111 W. MOCKINGBIRD LN STE 400
SUITE 500
DALLAS TX 75247
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/26/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

75-1444139

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 has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

4th Floor

23

City & State

2a. Mailing Address

26

Suite, Apt. #, etc.

4th Floor

27

City & State

24

Zip

Country

25

Zip

Country

29

Zip

Country

30

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	ADKINS, KEITH G
STREET ADDRESS	1111 W. MOCKINGBIRD LN #400
CITY - ST - ZIP	DALLAS TX
TITLE	VSD
NAME	DAVIDSON, RUSSELL W
STREET ADDRESS	6065 MARY'S CT.
CITY - ST - ZIP	ALVARDO TX
TITLE	PD
NAME	UTLEY, JOHN M
STREET ADDRESS	5601 WILLOW BEND CT.
CITY - ST - ZIP	PLANO TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	900001491748
1.4 CITY - ST - ZIP	-05/17/95--01140--012
2.1 TITLE	****200.00 ****200.00
2.2 NAME	☐ Change ☐ Addition
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or on an attachment with an original.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

Russell W. Davidson **05/01/95****214-689-3600**