

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 842222 (2)**  
 1. Corporation Name  
**EXAMINATION MANAGEMENT SERVICES, INC.**



Principal Place of Business <b>1111 WEST MOCKINGBIRD LANE                  SUITE 500 4TH FLOOR                  DALLAS TX 75247</b>	Mailing Address <b>1111 W. MOCKINGBIRD LN STE 400                  SUITE 500                  DALLAS TX 75247                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1111 W. Mockingbird Lane</b> Suite, Apt. #, etc. <b>22 Ste. 400</b> City & State <b>23 Dallas, TX</b> Zip <b>24 75247</b>	2a. Mailing Address <b>26 1111 W. Mockingbird lane</b> Suite, Apt. #, etc. <b>27 Ste. 400</b> City & State <b>28 Dallas, TX</b> Zip <b>29 75247</b>	3. Date Incorporated or Qualified <b>12/26/1978</b>	4. FEI Number <b>75-1444139</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADKINS, KEITH G</b>	1.2 NAME	
STREET ADDRESS	<b>1111 W. MOCKINGBIRD LN #400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIDSON, RUSSELL W</b>	2.2 NAME	<b>Anthony R. Falisi</b>
STREET ADDRESS	<b>0085 MARY'S CT.</b>	2.3 STREET ADDRESS	<b>1111 W. Mockingbird, 4th Floor</b>
CITY-ST-ZIP	<b>ALVARDO TX</b>	2.4 CITY-ST-ZIP	<b>Dallas, TX 75247</b>
TITLE	<b>PDT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UTLEY, JOHN M</b>	3.2 NAME	
STREET ADDRESS	<b>5601 WILLOW BEND CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANO TX</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>W Roger Cheek</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1111 W. Mockingbird, 4th Fl.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Dallas, TX 75247</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)