

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

FILED
May 12 1998 8:00am
Secretary of State

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

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

2. Principal Place of Business 21 1111 W. Mockingbird Lane Suite, Apt. #, etc. 22 Ste. 400 City & State 23 Dallas, TX Zip 24 75247 Country 25 USA		2a. Mailing Address 26 1111 W. Mockingbird lane Suite, Apt. #, etc. 27 Ste. 400 City & State 28 Dallas, TX Zip 29 75247 Country 30 USA		3. Date Incorporated or Qualified 12/26/1978 4. FEI Number 75-1444139 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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	
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, KEITH G	1.2 NAME	
STREET ADDRESS	1111 W. MOCKINGBIRD LN #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, RUSSELL W	2.2 NAME	Anthony R. Falisi
STREET ADDRESS	6065 MARY'S CT.	2.3 STREET ADDRESS	1111 W. Mockingbird, 4th Floor
CITY-ST-ZIP	ALVARDO TX	2.4 CITY-ST-ZIP	Dallas, TX 75247
TITLE	PDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, JOHN M	3.2 NAME	
STREET ADDRESS	5601 WILLOW BEND CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	W Roger Cheek
STREET ADDRESS		4.3 STREET ADDRESS	1111 W. Mockingbird, 4th Fl.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dallas, TX 75247
TITLE		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		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

[Handwritten Signature]

CR2E034 (10/97)