

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90109 001 ***150.00

DOCUMENT # 842222

1. Corporation Name

EXAMINATION MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

1111 W MOCKINGBIRD LANE
STE 400
DALLAS TX 75247
US

1111 W MOCKINGBIRD LANE
STE 400
DALLAS TX 75247
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1978

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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	<input type="checkbox"/> DELETE
NAME	ADKINS, KEITH G	
STREET ADDRESS	1111 W. MOCKINGBIRD LN #400	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FALSI, ANTHONY R	
STREET ADDRESS	1111 W MOCKINGBIRD, 4TH FLOOR	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	UTLEY, JOHN M	
STREET ADDRESS	5601 WILLOW BEND CT.	
CITY-ST-ZIP	PLANO TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHEEK, W R	
STREET ADDRESS	1111 W MOCKINGBIRD, 4T FL	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1111 W. Mockingbird, 4th Floor
3.4 CITY-ST-ZIP	Dallas TX 75247
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Kathryn J. Utley
5.4 CITY-ST-ZIP	1111 W. Mockingbird, 4th Floor
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Dallas TX 75247
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, with all other like empowered.

SIGNATURE:

WR Cheek

WR Cheek

(214) 689-3600

CR2E034 (11/98)