

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90109 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **842222**

1. Corporation Name

EXAMINATION MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1111 W MOCKINGBIRD LANE 1111 W MOCKINGBIRD LANE
 STE 400 STE 400
 DALLAS TX 75247 DALLAS TX 75247
 US US

3. Date Incorporated or Qualified
12/26/1978

4. FEI Number Applied For
75-1444139 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
 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 City & State 27 City & State
 Zip 28 Country 29 Zip 30 Country

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 Kathryn J. Utley
5.3 STREET ADDRESS	1111 W. Mockingbird, 4th Floor
5.4 CITY-ST-ZIP	Dallas TX 75247
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* CFO WR Cheek *2/4/99* (214) 689-3600
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)