FILED DOCUMENT # 842222 Jan 21, 2000 8:00 am 1. Entity Name ' #... **Secretary of State** EXAMINATION MANAGEMENT SERVICES, INC. 01-21-2000 90071 018 ***150.00 Principal Place of Business Mailing Address 1111 W MOCKINGBIRD LANE 1111 W MOCKINGBIRD LANE **STE 400 STE 400** DALLAS TX 75247-5018 บบบบออลอ DALLAS TX 75247 3. Mailing Address 2. Principal Place of Business 3003 LBJ Fry. 3003 LBJ Frv. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 Suite..100 City & State City & State Applied For 4. FEI Number 75-1444 139 Dallas TX Dallas TX Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 75234 75234 USA USA ~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 01. Kď 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. WEST STOLEN OF THE THE / D Addition Change TITLE AND STORY TITLE NAME Adkins, G. Keith NAME adkins. Keith G STREET ADDRESS STREET ADDRESS 1111 W. MOCKINGBIRD LN #400 3003 LBJ Fry., Suite 100 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX Dallas TX 75234 Change Change Addition ☐ Delete TITLE TITLE FALISI, ANTHONY R NAME STREET ADDRESS 3003 LBJ Frw., Suite 100 STREET ADDRESS 1111 W MOCKINGBIRD, 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP Dallas TX 75234 DALLAS TX 75247 ☐ Change Addition Delete TITLE TITLE Ferguson, Michael G. NAME UTLEY, JOHN M NAME 3003 LBJ Fry., Suite 100 STREET ADDRESS 1111 W. MOCKINGBIRD, 4TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75247 <u>Dallas TX 75234</u> **X** Addition AS Delete TITLE Change TITLE Jacks, Joel R. 3003 LBJ Fry., Suite 100 NAME NAME CHEEK, W R STREET ADDRESS STREET ADDRESS 1111 W MOCKINGBIRD, 4T FL CITY-ST-ZIP CITY-ST-ZIP Dallas TX 75234 DALLAS TX 75247 ☐ Change ▼ Addition TITLE Delete TITLE UTLEY, KATHRYN J NAME Annett, Brandon STREET ADDRESS STREET ADDRESS 1111 W. MOCKINGBIRD, 4TH FLOOR 3003 LBJ Fry., Suite 100 CITY-ST-7IP CITY-ST-ZIP <u>Dallas TX 75</u> DALLAS TX 75247 ☐ Change **X** Addition ☐ Delete TITLE D TITLE NAME Levy, Joel N. 3003 LBJ Fry. STREET ADDRESS STREET ADDRESS Suite 100

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

Dallas TX 75234

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/00 XZ14 689-8140

Daytime Phone #