

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90071 018 ***150.00

DOCUMENT # 842222

1. Entity 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 75247-5018
 US

UUUUJJJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3003 LBJ Fry.

3003 LBJ Fry.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Dallas TX

Dallas TX

4. FEI Number

75-1444139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **ADKINS, KEITH G**
 STREET ADDRESS **1111 W. MOCKINGBIRD LN #400**
 CITY-ST-ZIP **DALLAS TX**

TITLE Change Addition
 NAME **Adkins, G. Keith**
 STREET ADDRESS **3003 LBJ Fry., Suite 100**
 CITY-ST-ZIP **Dallas TX 75234**

TITLE Delete
 NAME **FALISI, ANTHONY R**
 STREET ADDRESS **1111 W MOCKINGBIRD, 4TH FLOOR**
 CITY-ST-ZIP **DALLAS TX 75247**

TITLE Change Addition
 NAME **3003 LBJ Frw., Suite 100**
 STREET ADDRESS **Dallas TX 75234**
 CITY-ST-ZIP

TITLE Delete
 NAME **UTLEY, JOHN M**
 STREET ADDRESS **1111 W. MOCKINGBIRD, 4TH FLOOR**
 CITY-ST-ZIP **DALLAS TX 75247**

TITLE Change Addition
 NAME **Ferguson, Michael G.**
 STREET ADDRESS **3003 LBJ Fry., Suite 100**
 CITY-ST-ZIP **Dallas TX 75234**

TITLE Delete
 NAME **CHEEK, W R**
 STREET ADDRESS **1111 W MOCKINGBIRD, 4T FL**
 CITY-ST-ZIP **DALLAS TX 75247**

TITLE Change Addition
 NAME **Jacks, Joel R.**
 STREET ADDRESS **3003 LBJ Fry., Suite 100**
 CITY-ST-ZIP **Dallas TX 75234**

TITLE Delete
 NAME **UTLEY, KATHRYN J**
 STREET ADDRESS **1111 W. MOCKINGBIRD, 4TH FLOOR**
 CITY-ST-ZIP **DALLAS TX 75247**

TITLE Change Addition
 NAME **Annett, Brandon**
 STREET ADDRESS **3003 LBJ Fry., Suite 100**
 CITY-ST-ZIP **Dallas TX 75234**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Levy, Joel N.**
 STREET ADDRESS **3003 LBJ Fry., Suite 100**
 CITY-ST-ZIP **Dallas TX 75234**

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.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary x 11/10/00 x214 689-8149