

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90126 030 ***550.00

DOCUMENT # F01000003100

1. Entity Name
ACS PACE GROUP, INC.

Principal Place of Business
2828 NORTH HASKELL AVE., FL-10
DALLAS TX 75204

Mailing Address
2828 NORTH HASKELL AVE., FL-10
DALLAS TX 75204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2828 N. Haskell Ave.,

3. Mailing Address
2828 N. Haskell Ave.,

Suite, Apt. #, etc.
Bldg. 1, FL-10

Suite, Apt. #, etc.
Bldg. 1, FL-10

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number **75-1723506**

Applied For
 Not Applicable

Zip **75204** Country **USA**

Zip **75204** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME P BRASWELL, HARVEY	<input type="checkbox"/> Delete
STREET ADDRESS 2828 NORTH HASKELL AVE., FL-10	
CITY-ST-ZIP DALLAS TX 75204	
TITLE NAME AS LEWIS, WAYNE R	<input type="checkbox"/> Delete
STREET ADDRESS 2828 NORTH HASKELL AVE., FL-10	
CITY-ST-ZIP DALLAS TX 75204	
TITLE NAME SD DECKELMAN, WILLIAM L JR.	<input type="checkbox"/> Delete
STREET ADDRESS 2828 NORTH HASKELL AVE., FL-10	
CITY-ST-ZIP DALLAS TX 75204	
TITLE NAME T VINEYARD, NANCY P	<input type="checkbox"/> Delete
STREET ADDRESS 2828 NORTH HASKELL AVE., FL-10	
CITY-ST-ZIP DALLAS TX 75204	
TITLE NAME CD RICH, JEFFREY A	<input type="checkbox"/> Delete
STREET ADDRESS 2828 NORTH HASKELL AVE., FL-10	
CITY-ST-ZIP DALLAS TX 75204	
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS VPSD 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Vice President John H. Rexford David Jarrett	
CITY-ST-ZIP 2828 N. Haskell Ave., Bldg. 1, FL-10	
CITY-ST-ZIP Dallas, TX 75204	

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: Wayne R Lewis **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-02 214 841 6111
Date Daytime Phone #

CR2E034 (4/02)