

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90014 018 \*\*\*150.00

**DOCUMENT # F01000004069**

1. Entity Name  
**EXAMINATION MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**3003 LBJ FREEWAY, SUITE 100  
 DALLAS TX 75234**

Mailing Address  
**3003 LBJ FREEWAY, SUITE 100  
 DALLAS TX 75234**

2. Principal Place of Business  
 (same)

3. Mailing Address  
 (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

## 7. Name and Address of New Registered Agent

Name  
 (same)

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 **N / A**

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.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE **P** ☐ Delete  
 NAME **PERANTON, RICHARD**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **V** ☐ Delete  
 NAME **GAINES, H. MICHAEL**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **S** ☐ Delete  
 NAME **FALISI, ANTHONY R**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **T** ☐ Delete  
 NAME **LARSEN, RENEE**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **C** ☐ Delete  
 NAME **ADKINS, G. KEITH**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

TITLE **D** ☐ Delete  
 NAME **LEVY, JOEL N**  
 STREET ADDRESS **3003 LBJ FREEWAY, SUITE 100**  
 CITY-ST-ZIP **DALLAS TX 75234**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **Jacks, Joel R.**  
 STREET ADDRESS **(same)**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **Claster, Mark**  
 STREET ADDRESS **(same)**  
 CITY-ST-ZIP

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 **Renee Larsen**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 2002** (214) 689-3600  
 Date Daytime Phone #

UBR/4 AI

CR2E034 (9/01)