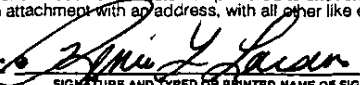


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90547 020 ***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 3050 Regent Blvd.		3. Mailing Address 3050 Regent Blvd.																																																																																																			
Suite, Apt. #, etc. Ste 400		Suite, Apt. #, etc. Ste 400																																																																																																			
City & State Irving, TX		City & State Irving, TX																																																																																																			
Zip 75063		Country USA		4. FEI Number 75-1444139																																																																																																	
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. I am familiar with, and accept the obligations of registered agent.																																																																																																					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☒ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3003 LBJ FREEWAY, SUITE 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DALLAS, TX 75234</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3003 LBJ FREEWAY, SUITE 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DALLAS, TX 75234</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3003 LBJ FREEWAY, SUITE 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DALLAS, TX 75234</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3003 LBJ FREEWAY, SUITE 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DALLAS, TX 75234</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">3003 LBJ FREEWAY, SUITE 100</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">DALLAS, TX 75234</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☒ Addition	STREET ADDRESS	3003 LBJ FREEWAY, SUITE 100					CITY-ST-ZIP	DALLAS, TX 75234					TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	3003 LBJ FREEWAY, SUITE 100					CITY-ST-ZIP	DALLAS, TX 75234					TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	3003 LBJ FREEWAY, SUITE 100					CITY-ST-ZIP	DALLAS, TX 75234					TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	3003 LBJ FREEWAY, SUITE 100					CITY-ST-ZIP	DALLAS, TX 75234					TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	3003 LBJ FREEWAY, SUITE 100					CITY-ST-ZIP	DALLAS, TX 75234				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																					
SIGNATURE:  Renee Larsen • 4/12/05 (214) 689-3600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																					