2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001741

Entity Name: PEROT SYSTEMS GOVERNMENT SERVICES, INC.

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2300 W. PLANO PLARKWAY PLANO, TX 75075						
Current Mailing Address:				New Mailing Address:		
ATTN: TAX DEPARTMENT P.O. BOX 269005 PLANO, TX 75026				2300 W. PLANO PLARKWAY PLANO, TX 75075		
FEI Number: 54-1168756 FEI Number Applied For () FEI Number			FEI Nun	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO ()[BALLARD, JAME 8270 WILLOW C FAIRFAX, VA 22	AK CORP. DR		Title: Name: Address: City-St-Zip:	BALLARD, JA	NO PARKWAY
Title: Name: Address: City-St-Zip:	VP ()[ADAMSHICK, AN 8270 WILLOW C FAIRFAX, VA 22	AKS CORP. DR		Title: Name: Address: City-St-Zip:	BLACKWELL	NO PARKWAY
Title: Name: Address: City-St-Zip:	S () I MORGAN, ROBE 13880 DULLES O HERNDON, VA 2	CORNER LN		Title: Name: Address: City-St-Zip:	BRADY, DAV	NO PARKWAY
Title: Name: Address: City-St-Zip:	DP () I FRICK, ROBERT 1600 NORTH BE ALEXANDRIA, V	E AUREGARD STREET, SUITE 200		Title: Name: Address: City-St-Zip:	FRICK, ROBE	NO PARKWAY
Title: Name: Address: City-St-Zip:	BLACKWELL, CI	AKS CORP. DRIVE		Title: Name: Address: City-St-Zip:	LINDSEY, JA	NO PARKWAY
Title: Name: Address: City-St-Zip:	MATTEO, DONAI	AUREGARD STREET, SUITE 200		Title: Name: Address: City-St-Zip:	(() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 04/19/2008