

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F93000003742**  
 1. Entity Name  
**ACS GOVERNMENT-SYSTEMS, INC.**  
*Government*

FILED

02 JUL 18 PM 2:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**4 COUNTRY VIEW ROAD**  
**MALVERN PA 19355**

Mailing Address  
**4 COUNTRY VIEW ROAD**  
**MALVERN PA 19355**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **23-2154345**  
 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 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **CT CORPORATION SYSTEM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
 City **Plantation** **FL** Zip Code **33324**

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 *Maria Ozaeta* **MARIA OZAETA, VICE PRESIDENT** **7-17-02**  
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 NAME P <b>DANIELS, MICHAEL C</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1733 HARRODSBURG RD SUTIE 100</b>	
CITY-ST-ZIP <b>LEXINGTON KY 40504</b>	
TITLE NAME VSD <b>BLUMENTHAL, RICHARD A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>432 ROUNDHILL</b>	
CITY-ST-ZIP <b>ST. DAVIDS PA 19087</b>	
TITLE NAME VTD <b>HASKELL, ERIC</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>518 CANDACE ROAD</b>	
CITY-ST-ZIP <b>VILLANOVA PA 19085</b>	
TITLE NAME CD <b>EMMI, MICHAEL J</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>35 DEEPDALE ROAD</b>	
CITY-ST-ZIP <b>STRATFORD PA 19087</b>	
TITLE NAME AT <b>SCALESE, BETH Y</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4 COUNTRY VIEW ROAD</b>	
CITY-ST-ZIP <b>MALVERN PA</b>	
TITLE NAME AS <b>BENNETT, JAMES D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4 COUNTRY VIEW RD</b>	
CITY-ST-ZIP <b>MALVERN PA 19355</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME VSD <b>William L. Deckelman, Jr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2828 N. Haskell Ave., FL-10</b>	
CITY-ST-ZIP <b>Dallas, TX 75204</b>	
TITLE NAME T <b>Nancy P. Vineyard</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3988-N.-Central-Expy., FL-9</b>	
CITY-ST-ZIP <b>Dallas, TX 75204</b>	
TITLE NAME Director <b>Jeffrey A. Rich</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2828 N. Haskell Ave., FL-10</b>	
CITY-ST-ZIP <b>Dallas, TX 75204</b>	
TITLE NAME AS <b>Wayne R. Lewis</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2828 N. Haskell Ave., FL-10</b>	
CITY-ST-ZIP <b>Dallas, TX 75204</b>	
TITLE NAME VP <b>John Rexford, David Jarrett</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2828 N. Haskell Ave., FL-10</b>	
CITY-ST-ZIP <b>Dallas, TX 75204</b>	

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* **Wayne R. Lewis, Asst. Secy.** **04/18/02 214.841.6111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)