


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90372 042 \*\*\*150.00

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



Principal Place of Business  
**1733 HARRODSBURG ROAD  
 LEXINGTON, KY 40504**

Mailing Address  
**2828 N.HASKELL, FL-10  
 DALLAS, TX 75204**

**14004633**



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

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

04062004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DANIELS, MICHAEL C	
STREET ADDRESS	1733 HARRODSBURG RD SUTIE 100	
CITY-ST-ZIP	LEXINGTON, KY 40504	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DECKELMAN, WILLIAM L JR	
STREET ADDRESS	2828 N. HASKELL AVE., FL-10	
CITY-ST-ZIP	DALLAS, TX 75204	
TITLE	T	<input type="checkbox"/> Delete
NAME	VINEYARD, NANCY P	
STREET ADDRESS	3988 N. CENTRAL EXPY, FL-9	
CITY-ST-ZIP	DALLAS, TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, JEFFREY A	
STREET ADDRESS	2828 N. HASKELL LAVE., FL-10	
CITY-ST-ZIP	DALLAS, FL 75204	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEWIS, WAYNE R	
STREET ADDRESS	2828 N. HASKELL LAVE., FL-10	
CITY-ST-ZIP	DALLAS, FL 75204	
TITLE	V	<input type="checkbox"/> Delete
NAME	REXFORD, JOHN	
STREET ADDRESS	2828 N. HASKELL LAVE., FL-10	
CITY-ST-ZIP	DALLAS, FL 75204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Wayne R. Lewis 4/6/04 214-841-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wayne R. Lewis, Assistant Secretary