


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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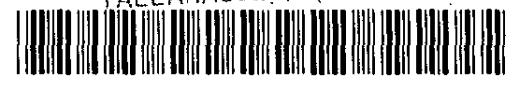
DOCUMENT # F93000003742

1. Entity Name
ACS GOVERNMENT SYSTEMS, INC.



FILED
03 APR 18 PM 12:33

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**

2. Principal Place of Business
1733 Harrodsburg Road

3. Mailing Address
2828 N. Haskell, FL-10

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lexington, KY

City & State
Dallas, TX 75204

Zip
40504

Country
Lexington-Fayette

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARRETT, DAVID 2828 N. Haskell, Bldg. 1, FL-10 Dallas, TX 75204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300017843363 05/01/03--01076--021 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne R. Lewis, Assistant Secretary **4/10/03**
Date Daytime Phone #

CP2E034 (10/02)