

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003289 (5)

1. Corporation Name

AFFILIATED COMPUTER SERVICES, INC.



Principal Place of Business

2828 N. HASKELL AVENUE
10TH FL
DALLAS TX 75204
US

Mailing Address

2828 N. HASKELL AVENUE
10TH FL
DALLAS TX 75204
US

2. Principal Place of Business

2a. Mailing Address

21 2828 N. Haskell Avenue

26 2828 N. Haskell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10th Floor

27 10th Floor

City & State

City & State

23 Dallas, TX

28 Dallas, TX

Zip

Zip

Country

Country

24 75204

25 USA

29 75204

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer if applicable

(Not a Registered Agent or Officer of the Corporation)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|-----------------|-----------------------|----------------|--------------------------|
| PD | RICH, JEFFREY A | 2828 N HASKELL AVENUE | DALLAS TX | <input type="checkbox"/> |
| SD | BLACK, DAVID W | 2828 N HASKELL AVENUE | DALLAS TX | <input type="checkbox"/> |
| T | HARPER, LEE O | 2828 N HASKELL AVENUE | DALLAS TX | <input type="checkbox"/> |
| CD | DEASON, DARWIN | 2828 N HASKELL AVENUE | DALLAS TX | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | 5. CHANGE | 6. ADDITION |
|----------|---------|-------------------|-------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (214) 841-6152
Date Signature Phone #

CR2E034 (12/95)