

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F9400003289**  
**1. Entity Name**  
**AFFILIATED COMPUTER SERVICES, INC.**

<b>Principal Place of Business</b> 2828 NORTH HASKELL 10TH FLOOR DALLAS TX 75204 US	<b>Mailing Address</b> 2828 NORTH HASKELL 10TH FLOOR DALLAS TX 75204 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 51-0310342	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>D HENRY G. HORTENSTINE</b> <input type="checkbox"/> Delete 2828 N HASKELL AVENUE DALLAS TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARK A. KING</b> <input type="checkbox"/> Delete 2828 N HASKELL AVENUE DALLAS TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT NANCY P. VINEYARD</b> <input type="checkbox"/> Delete 3988 N. CENTRAL EXPWY 5TH FL DALLAS TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DEASON, DARWIN</b> <input type="checkbox"/> Delete 2828 NORTH HASKELL 10TH FLOOR DALLAS TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANK ROSSI</b> <input type="checkbox"/> Delete ONE FIRST NATIONAL PLAZA, SUITE 2648 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSEPH P. O'NEILL</b> <input type="checkbox"/> Delete 1455 PENNSYLVANIA AVENUE N.W. WASHINGTON DC 20004

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, S William L. Deckelman, Jr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2828 N. Haskell Ave., FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P Jeffrey A. Rich</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2828 N. Haskell Ave., FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Asst. S Wayne R. Lewis</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2828 N. Haskell Ave., FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cliff Kendall</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 Tobin Court Potomac, MD 20854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004597042-1</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition -09/18/01-0048-005 ****758.75-****758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>633 Pennsylvania Ave., 4th Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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. Secretary** 09/11/01 214.841.6111

**FILED**  
 01 SEP 14 PM 3:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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