1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400005716

ACS TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business		Mailing Address		T ( EMILLE ISIN INII) AINII NATII NATII ANIII ANIII	1 <b>48181 8</b> 1511 58885 1		
3030 LBJ FREEWAY		3030 LBJ FREEWAY					
SUITE 910. LB2		SUITE 910. LB2		DO NOT WRITE IN THIS SPACE			
DALLAS TX 75234		DALLAS TX 75234		3. Date Incorporated or Qualified			
					11/03/1994		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
- 11110100		26 2828 N. Haskell Ave.		75-2212392	No	t Applicable	
		Suite, Apt. #, etc.	, Apt. #, etc.			\$8.75 A	Additional
22		10th Floor		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	, ,	
23	28 Dallas TX 7				Trust Fund Contribution Added to F		o Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year I		□No
24	25	29 30	·L	USA	Personal Property Tax.  10. Name and Address of New Registere		(_)INO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
CT C	ODDODATION SYSTEM		*'	Ivallie			
CT CORPORATION SYSTEM			82	Street /	Address (P.O. Box Number is Not Acceptable)		Ì
1200 S. PINE ISLAND RD PLANTATION FL 33324			83	-	-		
PLAN	ITATION FE 33324		•3	'[			
			84	1	F		
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 and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	O/ FIGURE DIVIDE DIVIDE DIVIDE DIVIDE DIVIDE DIVIDE DIVIDE DI DIVIDI DI DIVI		13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	C	☐ DELETE	1.1 TITLE			☐ Change	C) Modition
NAME	RICH, JEFFREY A.		1.2 NAME				
STREET ADDRESS	2020 14. 18/10/1222 10/11/12		1.3 STREE	T ADDRESS		•	j
CITY-ST-ZIP			1.4 CITY-5	T- ZIP		Change	Addition
TITLE	<b>A</b> -		1		President	Change	C Yourion )
NAME	HAMMERBECK, W. JOHN 22				Duaine Goulding		ł
STREET ADDRESS	RELIABILED GOOD ENGINEERING, CORE CIO, COE			T ADDRESS	3030 LBJ Freeway Suite 9	10	}
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	Dallas TX 75234	Change	☐ Addition
TITLE	'		3.1 TITLE			9-	
NAME	DDACK, DATID TV.		3.2 NAME				
STREET ADDRESS	2020 14: 1810/1222 1071112			T ADDRESS			
CITY-ST-ZIP	5.45.6 (7.172)		3.4. CITY- 4.1 TITLE	51-ZIP		[ ] Change	X Addition
TITLE			4. 2 NAME	:	Treasurer	_ ,	
NAME				T ADDRESS	Nancy P. VIneyard		į
STREET ADDRESS			4.4 CITY-		3988 N. Central Expresswa	У	
CITY-ST-ZIP			5.1 TITLE		Dallas TX 75204	Change	Addition
TITLE			5.2 NAME		<u>;</u>	_ ,	_
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP			6.1 TITLE			☐ Change	X Addition
TITLE		C 000016			Assistant Secretary		_ \

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the 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 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Hays Haney Asst. Secretary 3/1/99

Hays Haney

2828 N. Haskell Ave. 10th F1

214-841-6197

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90160 015 \*\*\*150.00