


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001156		
1. Entity Name LEXIS DOCUMENT SERVICES INC.		

Principal Place of Business	Mailing Address
1201 HAYS ST TALLAHASSEE, FL 32301 US	1201 HAYS ST TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0362845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301	

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINN, BRUCE R 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FORTUNATO, JR., JOHN A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MASSIH, GEORGE A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSER, MARK A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, DARLENE 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENTON, JENNIFER A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808

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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: 	John Fortunato 3/22/05	302.636.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #