

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000006012**

1. Entity Name

**ACCOUNTING SOLUTIONS HOLDING COMPANY, INC.**

Principal Place of Business

**222 WEST LAS COLINAS, SUITE 1250  
IRVING TX 75039**

Mailing Address

**222 WEST LAS COLINAS, SUITE 1250  
IRVING TX 75039**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	DCEO	<input checked="" type="checkbox"/> Delete
NAME	MANCIVALANO, MICHAEL F	
STREET ADDRESS	222 WEST LAS COLINAS, SUITE 1250	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POOLE, SHAWN W	
STREET ADDRESS	222 WEST LAS COLINAS, SUITE 1250	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TYLER, MARY-KNIGHT	
STREET ADDRESS	222 WEST LAS COLINAS, SUITE 1250	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETTYJOHN, STAYTON	
STREET ADDRESS	222 WEST LAS COLINAS, SUITE 1250	
CITY-ST-ZIP	IRVING TX 75039	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE FERRENTINO	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH KELLY	
STREET ADDRESS	1983 MARCUS AVE.	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK SPURGEON	
STREET ADDRESS	222 W. LAS COLINAS BVD.	
CITY-ST-ZIP	IRVING, TX 75039	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mark Spurgeon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SPURGEON

4/30/01

Date

972-432-3000

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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