

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90100 004 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

1040 Crown Point Pkwy #1040
Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

Country

30338

Country

USA

4. FEI Number

75-2844357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLSEN, ERIC L	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BOWERS, ALAN J	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPURGEON, MARK	
STREET ADDRESS	222 S LAS COLINAS BLVD	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	MONKITTRICK, RON	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olsen, Eric L	
STREET ADDRESS	410 17th Street #1700	
CITY-ST-ZIP	Denver CO 80202	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowers, Alan J	
STREET ADDRESS	88 Centennial Ave	
CITY-ST-ZIP	Piscataway NJ 08854	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Monkitttrick	
STREET ADDRESS	88 Centennial Ave	
CITY-ST-ZIP	Piscataway NJ 08854	
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		

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:

Ron Monkitttrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-719-3232

CR2E034 (10/02)