

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 040 \*\*\*150.00

<b>DOCUMENT # P15866</b> 1. Entity Name <b>ACS ENTERPRISE SOLUTIONS, INC.</b>					
Principal Place of Business <b>2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204</b>			Mailing Address <b>2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50042160</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>03312005</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>75-2179860</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DECKELMAN, WILLIAM L JR. 2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Martz 1835 Market St., 9th Floor Philadelphia, PA 19103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROPHY, DANIEL M 300 FRANK W. BURR BLVD. TEANECK, NJ 07666 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Cynthia L Hageman 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, JEFFREY A 2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEWIS, WAYNE R 2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REXFORD, JOHN 2828 N. HASKELL AVE., BLDG. 1, FL-10 DALLAS, TX 75204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINEYARD, NANCY P 3988 N. CENTRAL EXPY., FL-9 DALLAS, TX 75204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.					
<b>SIGNATURE: Cynthia L Hageman</b> <b>Cynthia L Hageman, Asst Secretary</b> <b>4/4/05</b> <b>214-841-6352</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					