


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90376 022 ***150.00

DOCUMENT # P34507
 1. Entity Name
ACS EDUCATION SERVICES, INC.




Principal Place of Business Mailing Address
2828 N. HASKELL **2828 N. HASKELL**
BLDG. 1, FL-10 **BLDG. 1, FL-10**
DALLAS, TX 75204 **DALLAS, TX 75204**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04062004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
95-2501112 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRASWELL, HARVEY			NAME	Lynn Blodgett		
STREET ADDRESS	2828 N. HASKELL, FL-10			STREET ADDRESS	2828 N. Haskell, Bldg. 1, FL-10		
CITY-ST-ZIP	DALLAS, TX 75204			CITY-ST-ZIP	Dallas, TX 75204		
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONDON, JOHN			NAME			
STREET ADDRESS	2828 N. HASKELL, FL-10			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75204			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REXFORD, JOHN H			NAME			
STREET ADDRESS	2828 N. HASKELL, FL-10			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75204			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARRETT, DAVID			NAME			
STREET ADDRESS	2828 N. HASKELL, FL-10			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75204			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECKELMAN, WILLIAM L JR.			NAME			
STREET ADDRESS	2828 N. HASKELL, FL-10			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75204			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINEYARD, NANCY P			NAME			
STREET ADDRESS	3988 N. CDNTRALEXP., FL-10			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, CA 75204			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: Wayne R. Lewis 4/6/04 214-841-6111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Wayne R. Lewis, Assistant Secretary