


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-22-2005 90298 034 \*\*\*150.00

**DOCUMENT # P34808**  
 1. Entity Name  
**ACS CONSULTANT COMPANY, INC.**



Principal Place of Business  
**17570 WEST TWELVE MILE RD.  
 SOUTHFIELD, MI 48076**

Mailing Address  
**17570 WEST TWELVE MILE ROAD  
 SOUTHFIELD, MI 48076**

**50042166**



2. Principal Place of Business  
**5225 Auto Club Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2828 N Haskell**  
 Suite, Apt. #, etc.  
**Bldg 1 FL-10**

03312005 Chg-P CR2E034 (10/03)

City & State  
**Dearborn, MI**

City & State  
**Dallas, TX**

Zip  
**48126**

Country  
**US**

Zip  
**75204**

Country  
**US**

4. FEI Number  
**38-2550455**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC HELPPIE, RICHARD D JR. <input type="checkbox"/> Delete 17570 WEST TWELVE MILE RD. SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete HELPPIE, RICHARD D JR. 17570 WEST TWELVE MILE RD. SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV <input checked="" type="checkbox"/> Delete BRACKEN, CHARLES O 17570 WEST TWELVE MILE RD. SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <input checked="" type="checkbox"/> Delete SORENSEN, RICHARD R 17570 WEST TWELVE MILE RD. SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO <input checked="" type="checkbox"/> Delete HUNTZINGER, GEORGE S 17570 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCA <input checked="" type="checkbox"/> Delete SYNOR, SUSAN M 17570 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48076

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard D Helppie, Jr. 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeffrey A Rich 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William L Deckelman, Jr. 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy P Vineyard 3988 N Central Exy., Bldg 5 FL-5 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wayne R Lewis 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cynthia L Hageman 2828 N Haskell, Bldg 1 FL-10 Dallas, TX 75204

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: Cynthia L Hageman Cynthia L Hageman, Asst. Secretary 4/4/05 214-841-6352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #