

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:46

DOCUMENT # **F94000001470 (3)**

1. Corporation Name:
ACCESS FINANCIAL CORP.

Principal Place of Business: **6000 CLEARWATER DRIVE MINNETONKA MN 55343**
Mailing Address: **6000 CLEARWATER DRIVE MINNETONKA MN 55343**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1994**
3a. Date of Last Report:
4. FEI Number: **41-1768416**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. **1100 ABERNATHY ROAD**
Suite, Apt. #, etc.: **BUILDING 500, SUITE 1200**
City & State: **ATLANTA, GA**
Zip: **30328** Country:
26. Mailing Address:
27. **1100 ABERNATHY ROAD**
Suite, Apt. #, etc.: **BUILDING 500, SUITE 1200**
City & State: **ATLANTA, GA**
Zip: **30328** Country:

9. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DUNCAN, KENNETH M
STREET ADDRESS	6000 CLEARWATER DRIVE
CITY, ST, ZIP	MINNETONKA MN
TITLE	P
NAME	KING, DAVID C
STREET ADDRESS	2859 PACES FERRY ROAD STE 930
CITY, ST, ZIP	ATLANTA GA
TITLE	VT
NAME	BUSCH, GARY V
STREET ADDRESS	2859 PACES FERRY ROAD STE 930
CITY, ST, ZIP	ATLANTA GA
TITLE	S
NAME	KURSCHNER, MARLEEN A
STREET ADDRESS	15615 MCGINTY ROAD WEST
CITY, ST, ZIP	WAYZATA MN
TITLE	AS
NAME	FANTLE, PHILLIP M
STREET ADDRESS	6000 CLEARWATER DRIVE
CITY, ST, ZIP	MINNETONKA MN
TITLE	D
NAME	JARRETT, GARY W
STREET ADDRESS	6000 CLEARWATER DRIVE
CITY, ST, ZIP	MINNETONKA MN

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	KING, DAVID C
23. STREET ADDRESS	1100 ABERNATHY RD, BLDG 500, STE 1200
24. CITY, ST, ZIP	ATLANTA, GA 30328
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	BUSCH, GARY V
33. STREET ADDRESS	1100 ABERNATHY RD, BLDG 500, STE 1200
34. CITY, ST, ZIP	ATLANTA, GA 30328
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	AS
43. STREET ADDRESS	KURSCHNER, MARLEEN A
44. CITY, ST, ZIP	15615 MCGINTY ROAD WEST
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	VPT
53. STREET ADDRESS	MANNINO, ANTHONY J
54. CITY, ST, ZIP	1100 ABERNATHY RD, BLDG 500, STE 1200
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an attorney with an address:

SIGNATURE: ANTHONY J. MANNINO (404) 828-0040
DATE: _____