

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000001470 (3)**

1. Corporation Name  
**ACCESS FINANCIAL CORP.**



Principal Place of Business  
**1100 ABERNATHY RD  
BUILDING 500 SUITE 1200  
ATLANTA GA 30328  
US**

Mailing Address  
**1100 ABERNATHY RD  
BUILDING 500 SUITE 1200  
ATLANTA GA 30328  
US**

3. Date Incorporated or Qualified **03/23/1994** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business  
21 [ ] 2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 [ ] 27 [ ]  
City & State City & State  
23 [ ] 28 [ ]  
Zip Country Zip Country  
24 [ ] 25 [ ] 29 [ ] 30 [ ]

4. FEI Number **41-1768416** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 [ ]  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, KENNETH M	1. 2 NAME	
STREET ADDRESS	6000 CLEARWATER DRIVE	1. 3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	1. 4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, DAVID C	2. 2 NAME	<b>Leslie Z. Foster</b>
STREET ADDRESS	1100 ABERNATHY RD BLDG 500 STE 1200	2. 3 STREET ADDRESS	<b>1100 Abernathy Rd, Suite 1200</b>
CITY-ST-ZIP	ATLANTA GA	2. 4 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>
TITLE	VAT <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, GARY V	3. 2 NAME	
STREET ADDRESS	1100 ABERNATHY RD BLDG 500 STE 1200	3. 3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3. 4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURSCHNER, MARLEEN A	4. 2 NAME	<b>Bruce D. Schnell</b>
STREET ADDRESS	15615 MCGINTY RD WEST	4. 3 STREET ADDRESS	<b>1100 Abernathy Rd, Suite 1200</b>
CITY-ST-ZIP	WAYZATA MN	4. 4 CITY-ST-ZIP	<b>Atlanta GA 30328</b>
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNINO, ANTHONY J	5. 2 NAME	<b>Heather A. McDucken</b>
STREET ADDRESS	1100 ABERNATHY RD BLDG 500 STE 1200	5. 3 STREET ADDRESS	<b>1100 Abernathy Rd, Suite 1200</b>
CITY-ST-ZIP	ATLANTA GA	5. 4 CITY-ST-ZIP	<b>Atlanta, GA 30328</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, GARY W	6. 2 NAME	<b>Jeffrey A. Hilligoss</b>
STREET ADDRESS	6000 CLEARWATER DRIVE	6. 3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	6. 4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/12/96 (770) 928-0040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)