

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F94000001470 (3)
1. Corporation Name
ACCESS FINANCIAL LENDING 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 30328-5640 US

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business: 21 400 Highway 169 South (Suite) Apt. # 400 City & State: St. Louis Park, MN Zip: 55426 Country: USA
2a. Mailing Address: 26 P.O. Box 5626 Suite, Apt. #, etc. City & State: 27 Minneapolis, MN Zip: 55440 Country: USA

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 re-registering.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD DUNCAN, KENNETH M 6000 CLEARWATER DRIVE MINNETONKA MN	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE	P FOSTER, LESLIE Z. 1100 ABERNATHY RD SUITE 1200 ATLANTA GA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE	VAT BUSCH, GARY V 1100 ABERNATHY RD BLDG 500 STE 1200 ATLANTA GA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE	V SCHNELL, BRUCE D. 1100 ABERNATHY RD SUITE 1200 ATLANTA GA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE	VPT MCQUEEN, HEATHER A 1100 ABERNATHY RD SUITE 1200 ATLANTA GA	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE	D HILLGOSS, JEFFREY A. 6000 CLEARWATER DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	400 Hwy. 169 S., Ste. 400 St. Louis Park, MN 55426
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	400 Hwy. 169 S., Ste. 400 St. Louis Park, MN 55426
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	400 Hwy. 169 S., Ste 400 St. Louis Park, MN 55426
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary Dan J. Cheever 400 Hwy. 169 S., Suite 400 St. Louis Park, MN 55426
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	400 Hwy. 169 S., Ste 400 St. Louis Park, MN 55426
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jeffrey A. Hillgoss* 2/11/97 412 542-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)