


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # F98000002593

1. Entity Name  
 ACCESS ONE, INC.



Principal Place of Business  
 820 W. JACKSON BLVD  
 6TH FLOOR  
 CHICAGO, IL 60607

Mailing Address  
 1720 WINDWARD CONCOURSE  
 STE 250  
 ALPHARETTA, GA 30005



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 36-3894321

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.  
 515 E. PARK AVE.  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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, 2006 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	D HONEA, LANCE 820 W. JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKLEY, BRIAN B 820 W JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D JOZWIAK, MARK 820 W. JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONEA, LANCE 125 N. HALSTED ST., 4TH FL. CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563852  
 05/20/06-80023-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Date: 5/1/06 Daytime Phone #: 312-441-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR