


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 006 ***150.00

DOCUMENT # F98000002593

1. Entity Name
ACCESS ONE, INC.



Principal Place of Business Mailing Address

820 W. JACKSON BLVD **1720 WINDWARD CONCOURSE**
6TH FLOOR **STE 250**
CHICAGO, IL 60607 **ALPHARETTA, GA 30005**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

820 W. Jackson Blvd **3100 Cumberland Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

6th Floor **Suite 900**

City & State City & State

Chicago, IL **Atlanta, GA**

Zip Country Zip Country

60607 **USA** **30339** **USA**



04162007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

36-3894321 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

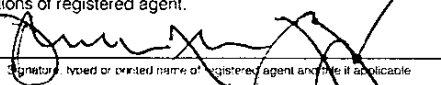
7. Name and Address of New Registered Agent

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:  **PREIDENT** DATE: **04/18/07**

Signature typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

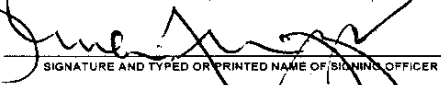
10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HONEA, LANCE	
STREET ADDRESS	820 W. JACKSON BLVD 6TH FLOOR	
CITY-ST-ZIP	CHICAGO, IL 60607	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BARKLEY, BRIAN B	
STREET ADDRESS	820 W JACKSON BLVD 6TH FLOOR	
CITY-ST-ZIP	CHICAGO, IL 60607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOZWIAK, MARK	
STREET ADDRESS	820 W. JACKSON BLVD 6TH FLOOR	
CITY-ST-ZIP	CHICAGO, IL 60607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HONEA, LANCE	
STREET ADDRESS	125 N. HALSTED ST., 4TH FL.	
CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lance C. Honea	
STREET ADDRESS	820 W. Jackson Blvd., 6th Floor	
CITY-ST-ZIP	Chicago, IL 60607	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian B. Barkley	
STREET ADDRESS	820 W. Jackson Blvd., 6th Floor	
CITY-ST-ZIP	Chicago, IL 60607	
TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark A. Jozwiak	
STREET ADDRESS	820 W. Jackson Blvd., 6th Floor	
CITY-ST-ZIP	Chicago, IL 60607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Mark A. Jozwiak** DATE: **04/18/07** DAYTIME PHONE: **312-441-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #