

F98000002593

SECRET  
DIVISION OF REVENUE  
03 FEB -3 PM 3:44

(Requestor's Name)

Sherry Gale  
TCS CORPORATE SERVICES  
1720 WINDWARD CONCOURSE  
SUITE 250  
ALPHARETTA, GEORGIA 30005

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(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACCESS ONE, INC.

\_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** F98000002593

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRY GALE

\_\_\_\_\_  
(Name of person)

TCS CORPORATE SERVICES, INC.

\_\_\_\_\_  
(Name of firm/company)

1720 WINDWARD CONCOURSE, STE 250

\_\_\_\_\_  
(Address)

ALPHARETTA, GA 30005

\_\_\_\_\_  
(City/state and zip code)

For further information concerning this matter, please call:

SHERRY GALE

\_\_\_\_\_  
(Name of person)

at ( 678 ) 775-2250

\_\_\_\_\_  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 17, 2003

SHERRY GALE  
TCS CORPORATE SERVICES  
1720 WINDWARD CONCOURSE, STE. 250  
ALPHARETTA, GA 30005

SUBJECT: ACCESS ONE, INC.  
Ref. Number: F98000002593

We have received your document for ACCESS ONE, INC. and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The fee to file your document is \$35.

There is a balance due of \$10.00.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard  
Document Specialist

Letter Number: 703A00002676

RECEIVED  
03 FEB -3 AM 11:50  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACCESS ONE, INC.

2. The principal office address: 820 W. Jackson Blvd., 6th Floor, Chicago, IL 60607

3. The mailing address (if different): 1720 Windward Concourse, Suite 250, Alpharetta, GA 30005

4. Date of incorporation/qualification: 5/7/1998 Document number: F98C00002593

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TCS Corporate Services, Inc,  
1406 Hays Street, Suite 2  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TCS CORPORATE SERVICES, INC.  
103 N. Meridian Street  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Mark A. Jozwiak, E.N.P.  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

1/3/03  
(Date)

If signing on behalf of an entity:

ERACST ELLIS  
(Typed or Printed Name)

Vice President  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -3 PM 3:44