


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002593 1. Entity Name ACCESS ONE, INC.	
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Principal Place of Business 820 W. JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607	Mailing Address 1720 WINDWARD CONCOURSE STE 250 ALPHARETTA, GA 30005
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04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3894321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TCS CORPORATE SERVICES, INC.
 103 N. MERIDIAN STREET
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

00000000152
 04/12/04-30072-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HONEA, LANCE 820 W. JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BARKLEY, BRIAN B 820 W JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD 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., 6TH FL. CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mark A. Jozwiak 04/08/04 312-441-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #