


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**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
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

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 \_\_\_\_\_ 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, 2005 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	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 820 W. JACKSON BLVD 6TH FLOOR CHICAGO, IL 60607
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**DO NOT WRITE IN THIS SPACE**

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 02/24/05-80049-001 150.00

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: [Signature] Date: 02.21.05 Daytime Phone #: 312.441.1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR