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FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001470 (3)
1. Corporation Name
ACCESS FINANCIAL LENDING CORP.



Principal Place of Business: 400 HWY. 169 SOUTH SUITE 400 ST. LOUIS PARK MN 55426 US

Mailing Address: P.O. BOX 5626 ~~BUILDING 500 SUITE 1200~~ MINNEAPOLIS MN 55440 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 5626

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 55440 USA

3. Date Incorporated or Qualified: 03/23/1994

4. FEI Number: 41-1768416

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	DUNCAN, KENNETH M	1.2 NAME	CD ROBERT D. BEACH
STREET ADDRESS	400 HWY. 169 S., SUITE 400	1.3 STREET ADDRESS	400 HWY 169S, SUITE 400
CITY-ST-ZIP	ST. LOUIS PARK MN	1.4 CITY-ST-ZIP	ST. LOUIS PARK, MN 55426
TITLE	P	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FOSTER, LESLIE Z.	2.2 NAME	
STREET ADDRESS	440 HWY. 169 S., SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN	2.4 CITY-ST-ZIP	
TITLE	VAT	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BUSCH, GARY V	3.2 NAME	
STREET ADDRESS	400 HWY. 169 S., SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CHEEVER, DAN J.	4.2 NAME	
STREET ADDRESS	400 HWY. 169	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCQUEEN, HEATHER A	5.2 NAME	
STREET ADDRESS	400 HWY. 169 S., SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ HEATHER A MCQUEEN (1012) Evan Lettke

CR2E034 (10/97)