## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F9700000118 ACCESS FINANCIAL GROUP, INC. 01-25-2000 90062 042 \*\*\*150.00 Principal Place of Business Mailing Address 118 NORTH CLINTON, STE 250 118 NORTH CLINTON, STE 250 **STE 150** STE 150 CHICAGO IL 60681 CHICAGO IL 60661-2308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3696056 Not ≏..... Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD **▼** Change X Addition ☐ Delete TITLE TITLE KONST, RICHARD Chigas, Victor John 400 E. Randolph, Apt 2913 NAME STREET ADDRESS 734 CHILTON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMETTE IL Chicago, IL <u>6</u>0601 X Change ☐ Addition ☐ Delete TITLE Konst, Richard CHIGAS SR, VICTOR C NAME 734 Chilton Lane 400 EAST RANDOLPH #3005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-7IP Wilmette, IL 60091 ☐ Change ☐ Addition ☐ Delete TITI F GORCHOFF, NANCY NAME NAME STREET ADDRESS 747 GROUSE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD IL Change □ Addition TITLE TITLE ☐ Delete GRANT, MARK NAME NAME STREET ADDRESS 505 ISLE OF CAPRI-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like ampowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

William West Met which

10/11-3 25 40 33 bt

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete