

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90047 009 \*\*\*150.00

**DOCUMENT # F99000004722**

1. Entity Name  
**THYSSEN ACCESS CORP.**

**R**

Principal Place of Business Mailing Address  
 15141 EAST WHITTIER BLVD., SUITE 505  
 WHITTIER CA 90603  
 15141 EAST WHITTIER BLVD., SUITE 505  
 WHITTIER CA 90603-2145  
 4001 E 138<sup>TH</sup> ST  
 Grandview, Mo 64030

2. Principal Place of Business 3. Mailing Address  
 4001 E 138<sup>TH</sup> ST 4001 E 138<sup>TH</sup> ST  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Grandview, MO Grandview, MO  
 Zip Country Zip Country  
 64030 U.S.A. 64030 U.S.A.

4. FEI Number Applied For  
 43-1861064 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANT, JOHN 15141 WHITTIER BLVD., SUITE 505 WHITTIER CA 90603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUSSEY, RICHARD T 15141 WHITTIER BLVD., SUITE 505 WHITTIER CA 90603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CONTI, WILLIAM J 1050 CONNECTICUT AVE., N.W., SUITE 1100 WASHINGTON DC 20007	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP FINANCE DUNN NORNS 4001 E 138 <sup>TH</sup> ST Grandview, MO 64030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: [Signature] UP Finance 5/11/00 (816) 763-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)