

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90016 032 ***150.00

DOCUMENT # F99000004722

1. Entity Name
THYSSEN ACCESS CORP.

Principal Place of Business Mailing Address
4001 E. 138 STREET 4001 E. 138 STREET
GRANDVIEW MO 64030 GRANDVIEW MO 64030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 43-1861064		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANT, JOHN			NAME			
STREET ADDRESS	15141 WHITTIER BLVD., SUITE 505			STREET ADDRESS			
CITY-ST-ZIP	WHITTIER CA 90603			CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUSSEY, RICHARD T			NAME			
STREET ADDRESS	15141 WHITTIER BLVD., SUITE 505			STREET ADDRESS			
CITY-ST-ZIP	WHITTIER CA 90603			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONTI, WILLIAM J			NAME			
STREET ADDRESS	1050 CONNECTICUT AVE., N.W., SUITE 1100			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC 20007			CITY-ST-ZIP			
TITLE	VPF	<input checked="" type="checkbox"/> Delete		TITLE	<i>Controller</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUANE, NORRIS			NAME	<i>Richard Bradford</i>		
STREET ADDRESS	4001 E. 138TH STREET			STREET ADDRESS	<i>4001 E 138th St</i>		
CITY-ST-ZIP	GRANDVIEW MO 64030			CITY-ST-ZIP	<i>Grandview, MO 64030</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Richard L. Bradford* **Richard L. Bradford** 4/7/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)