

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90447 029 ***150.00

DOCUMENT # F99000004722

1. Entity Name

THYSSEN ACCESS CORP.



Principal Place of Business

4001 E. 138 STREET
 GRANDVIEW MO 64030

Mailing Address

4001 E. 138 STREET
 GRANDVIEW MO 64030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1861064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANT, JOHN	
STREET ADDRESS	15141 WHITTIER BLVD., SUITE 505	
CITY-ST-ZIP	WHITTIER CA 90603	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HUSSEY, RICHARD T	
STREET ADDRESS	15141 WHITTIER BLVD., SUITE 505	
CITY-ST-ZIP	WHITTIER CA 90603	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CONTI, WILLIAM J	
STREET ADDRESS	1050 CONNECTICUT AVE., N.W., SUITE 1100	
CITY-ST-ZIP	WASHINGTON DC 20007	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRADFORD, RICHARD	
STREET ADDRESS	4001 E. 138TH ST	
CITY-ST-ZIP	GRANDVIEW MO 64030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard L Bradford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/04

Date

Daytime Phone #