


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90028 040 \*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40100102



05092008 Chg-P CR2E034 (12/06)

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

4. FEI Number  
 43-1861064

Applied For  
 Not Applicable

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

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

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

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANCE, THOMAS	
STREET ADDRESS	4001 E. 138TH STREET	
CITY - ST - ZIP	GRANDVIEW, MO 64030	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HUSSEY, RICHARD T	
STREET ADDRESS	15141 WHITTIER BLVD., SUITE 505	
CITY - ST - ZIP	WHITTIER, CA 90603	

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

TITLE	SECY	<input type="checkbox"/> Delete
NAME	PAULSON, LARRY G	
STREET ADDRESS	873 BRIDGE PARK DR	
CITY - ST - ZIP	TROY, MI 48098	

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

TITLE	CFO	<input type="checkbox"/> Delete
NAME	BRADFORD, RICHARD	
STREET ADDRESS	4001 E. 138TH ST	
CITY - ST - ZIP	GRANDVIEW, MO 64030	

TITLE	Treasurer and Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Bradford	
STREET ADDRESS	4001 E 138th St	
CITY - ST - ZIP	Grandview, MO 64030	

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

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles A. Herling	
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"/> 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 exemptions contained in Chapter 119, 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: *Charles Herling* Charles Herling 5-9-08 816-767-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #