

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021951

1. Entity Name
ACCESS/IRS, INC.

FILED

01 AUG 31 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 370 W. CAMINO GARDENS BLVD.
SUITE 300
BOCA RATON FL 33432
US

Mailing Address 222 COLUMBIA TWPK
FLORHAM NJ 07932
US

2. Principal Place of Business **3. Mailing Address**

State, Apt. #, etc. **State, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number
65-0567366

Applied For
 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

BECKER & POLIACKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
NINETEEN FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Title
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** _____

9. This corporation is eligible to elect to irrevocable tax filing requirement and elects to do so. (See criteria on back)

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	<input type="checkbox"/> Delete
CEO	JOHN P. FOSS	1320 S.W. 20TH STREET	BOCA RATON FL	<input type="checkbox"/>
VSD	ANNA EDSON	1320 S.W. 20TH STREET	BOCA RATON FL	<input type="checkbox"/>
VP	MURPHY, EDWARD	91 CHRISTINE DR	FLORHAM NJ	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 807, 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 ties empowered.

SIGNATURE: _____ **President** **8/28/2001** **973-360-0750**

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