

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:58

DOCUMENT # **P22926** (0)
1. Corporation Name
ACCESS GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1426 PEARL STREET, #400
BOULDER CO 80302-5340

3. Date Incorporated or Qualified **02/09/1989** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 2a. Mailing Address
21. City & State 26. City & State
22. City & State 27. City & State
23. Zip 25. Country 28. Zip 30. Country

4. FEI Number **84-1099890** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing-Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RAMSEY, JOHN B.
STREET ADDRESS	1426 PEARL ST, #400
CITY-ST-ZIP	BOULDER CO
TITLE	SD
NAME	BAESSLER, ERNEST J.
STREET ADDRESS	2411 W. LA PALMA AVE.
CITY-ST-ZIP	ANAHEIM CA
TITLE	D
NAME	ALEXANDER, RICHARD
STREET ADDRESS	1415 QUEEN ANN RD
CITY-ST-ZIP	TEANECK NJ
TITLE	VP
NAME	CARSON, THOMAS E.
STREET ADDRESS	1426 PEARL ST, #400
CITY-ST-ZIP	BOULDER CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dr. Val P Paline
3.3 STREET ADDRESS	PO Box 2050
3.4 CITY-ST-ZIP	Nashua NH 03061-2050 } N/A
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr. John Egan
5.3 STREET ADDRESS	4500 Park Granada Blvd
5.4 CITY-ST-ZIP	Calabasas, CA 91399
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE: John B. Ramsey (303) 938-4333
Typed name and typed or printed name of officer or director Date Daytime Phone #