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03-06-1999 90145 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004315**

1. Corporation Name
ACCESS LOGIC, INC.

Principal Place of Business	Mailing Address
13111 E BRIARWOOD AVE #330 ENGLEWOOD CO 80112 US	PO BOX 3436 ENGLEWOOD CO 80155-3436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/05/1995

4. FEI Number: 84-1243142 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

FULLER, BARRY J
FULLER & ASSO., ATTORNEY AT LAW
2301 PARK AVE.
ORANGE PARK FL 32073

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, JUDY		1.2 NAME		
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, STEPHEN		2.2 NAME		
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	LEWIS, MARVIN		3.2 NAME	LEWIS, MARVIN	
STREET ADDRESS	PO BOX 3436 N/A		3.3 STREET ADDRESS	6421 S. JAMAICA CIR.	
CITY-ST-ZIP	ENGLEWOOD CO		3.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	D	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	LEWIS, EVELYN-JO		4.2 NAME	LEWIS, EVELYN-JO	
STREET ADDRESS	PO BOX 3436 N/A		4.3 STREET ADDRESS	6421 S. JAMAICA CIR	
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LINS, ERIC		5.2 NAME	LINS, ERIC	
STREET ADDRESS	9177 ROCKLAND PL		5.3 STREET ADDRESS	11064 HERMITAGE RUN	
CITY-ST-ZIP	LITTLETON CO		5.4 CITY-ST-ZIP	LITTLETON CO 80123	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	YOUNG, CURT JR	
STREET ADDRESS			6.3 STREET ADDRESS	13781 GERONA DR., N.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	

CR2E034 (11/98)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/23/99 (303)850 7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #