

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004551

Entity Name: AXCESS FINANCIAL CREDIT, INC.**Current Principal Place of Business:**7755 MONTGOMERY ROAD SUITE 400
CINCINNATI, OH 45236**Current Mailing Address:**7755 MONTGOMERY ROAD SUITE 400
CINCINNATI, OH 45236 US**FEI Number:** 47-2193319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	DAVIS, A DAVID
Address	7755 MONTGOMERY ROAD SUITE 400

City-State-Zip: CINCINNATI OH 45236

Title	DIRECTOR
Name	CLARK, DOUGLAS D
Address	7755 MONTGOMERY ROAD SUITE 400

City-State-Zip: CINCINNATI OH 45236

Title	TREASURER
Name	WILLIAMSON, LUKE
Address	7755 MONTGOMERY ROAD SUITE 400

City-State-Zip: CINCINNATI OH 45236

Title	SECRETARY
Name	ANDRE, ANDREA
Address	7755 MONTGOMERY ROAD SUITE 400

City-State-Zip: CINCINNATI OH 45236

Title	PRESIDENT
Name	LOGEMAN, KEVIN
Address	7755 MONTGOMERY ROAD SUITE 400

City-State-Zip: CINCINNATI OH 45236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA ANDRE**SECRETARY****05/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date