

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006641

FILED  
Mar 28, 2002 8:00 AM  
Secretary of State

Entity Name: ACCESS AMENITIES, INC.

## Current Principal Place of Business:

2 N. RIVERSIDE PLAZA, #1600  
C/O ANN SCHNEIDER  
CHICAGO, IL 60606

## New Principal Place of Business:

## Current Mailing Address:

2 N. RIVERSIDE PLAZA, #1600  
C/O ANN SCHNEIDER  
CHICAGO, IL 60606

## New Mailing Address:

FEI Number: 36-4367655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC  
3953 W.W. KELLY ROAD  
TALLAHASSEE, FL 32311 US

## Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALLAHAN, TIMOTHY H  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: DVT ( ) Delete  
Name: KINCAID, RICHARD D  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: DVS ( ) Delete  
Name: STEVENS, STANLEY M  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: HELFAND, DAVID  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: KINCAID, RICHARD D  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: KENEVAN, BROOKE  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: T ( ) Change (X) Addition  
Name: FEAR, MAUREEN O  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BROOKE KENEVAN

VP

03/28/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date