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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000001470 (3)

1. Corporation Name

ACCESS FINANCIAL LENDING CORP.

Principal Place of Business

400 HWY. 169 SOUTH  
SUITE 400  
ST. LOUIS PARK MN 55426  
US

Mailing Address

P.O. BOX 5626  
~~BUILDING 500 SUITE 1200~~  
MINNEAPOLIS MN 55440  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

41-1768416

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 5626  
Suite, Apt. #, etc.

27 City & State

28 MINNEAPOLIS, MN

29 55440 30 USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME DUNCAN, KENNETH M  
STREET ADDRESS 400 HWY. 169 S., SUITE 400  
CITY-ST-ZIP ST. LOUIS PARK MN ☒ DELETE

TITLE P  
NAME FOSTER, LESLIE Z.  
STREET ADDRESS 440 HWY. 169 S., SUITE 400  
CITY-ST-ZIP ST. LOUIS PARK MN ☐ DELETE

TITLE VAT  
NAME BUSCH, GARY V  
STREET ADDRESS 400 HWY. 169 S., SUITE 400  
CITY-ST-ZIP ST. LOUIS PARK MN ☒ DELETE

TITLE S  
NAME CHEEVER, DAN J.  
STREET ADDRESS 400 HWY. 169  
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE VPT  
NAME MCQUEEN, HEATHER A  
STREET ADDRESS 400 HWY. 169 S., SUITE 400  
CITY-ST-ZIP ST. LOUIS PARK MN ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D  
1.2 NAME ROBERT D. BEACH ☐ Change ☒ Addition  
1.3 STREET ADDRESS 400 HWY 169 S., SUITE 400  
1.4 CITY-ST-ZIP ST. LOUIS PARK, MN 55426

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V/T/D ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

Heather A. McQueen

Heather A. McQueen

(012) 169 16116

CR2E034 (10/97)