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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000004315 (6)

1. Corporation Name

ACCESS LOGIC, INC.



Principal Place of Business

5350 DTC PKWY  
BLDG. 52  
ENGLEWOOD CO 80111  
US

Mailing Address

PO BOX 3436  
ENGLEWOOD CO 80155-3436

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21 13111 E. BRIARWOOD AVE.

State, Apt. #, etc.

22 330

City & State

23 ENGLEWOOD, CO

Zip

24 80112

Country

25 US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

28

Country

30

4. FEI Number

84-1243142

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVC ☐ DELETE

NAME BARBER, JUDY  
STREET ADDRESS 19078 E. CRESTRIDGE CIR.  
CITY, ST, ZIP ENGLEWOOD CO 80111

TITLE VS ☐ DELETE

NAME BARBER, STEPHEN  
STREET ADDRESS 19078 E. CRESTRIDGE CIR.  
CITY, ST, ZIP ENGLEWOOD CO 80111

TITLE TD ☐ DELETE

NAME LEWIS, MARVIN  
STREET ADDRESS 15439 WYANDOTTE ST.  
CITY, ST, ZIP VAN NUYS CA 91406

TITLE C ☐ DELETE

NAME LEWIS, EVELYN-JO  
STREET ADDRESS 15439 WYANDOTTE ST.  
CITY, ST, ZIP VAN NUYS CA 91406

TITLE ☐ DELETE

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 PM ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 10978 E CRESTRIDGE CIR.

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 10978 E. CRESTRIDGE CIR.

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS P.O. BOX 3436  
3.4 CITY-ST-ZIP ENGLEWOOD, CO 80155-3436 (N/A)

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS PO BOX 3436  
4.4 CITY-ST-ZIP ENGLEWOOD, CO 80155-3436 (N/A)

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME LINS, ERIC  
5.3 STREET ADDRESS 9177 ROCKLAND PL  
5.4 CITY-ST-ZIP LITTLETON, CO 80123

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY BARBER

3-31-97

(303)850-7011

Date

Daytime Phone #

0499601

CR2E034 (9/96)