2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N06000003477

Entity Name: ACCESS LUMAS INC.

Current Principal Place of Business:

11100 WINGATE ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11100 WINGATE ROAD
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 20-8996694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEURINOR, JULIE ED
11100 WINGATE ROAD
JACKSONVILLE, FL 32218 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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DAVIS, JEFF
Address: 1100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P ( ) Delete
Name: FLEURINOR, JULIE K
Address: 1100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T ( ) Delete
Name: WILLIAMS, VERNON
Address: 11100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T ( ) Delete
Name: VIRGIL, TERRI
Address: 11100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T ( ) Delete
Name: LEWIS, CANDACE
Address: 11100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: ALEXANDER, LARETTE
Address: 5035 WEATHERVANE DRIVE
City-St-Zip: ALPHARETTA, GA 30022 US

Title: P (X) Change ( ) Addition
Name: FLEURINOR, JULIE K
Address: 916 1/2 NOYES STREET
City-St-Zip: EVANSTON, IL 60201 US

Title: S (X) Change ( ) Addition
Name: CARVIL, DANIELLE
Address: P.O. BOX 7293
City-St-Zip: MARIETTA, GA 30065

Title: T (X) Change ( ) Addition
Name: DEBRA, THOMPSON
Address: 11100 WINGATE ROAD
City-St-Zip: ALPHARETTA, GA 32218 US

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

Title: T ( ) Change (X) Addition
Name: LEWIS, CEDRIC
Address: 11100 WINGATE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE K. FLEURINOR P 02/22/2009

Electronic Signature of Signing Officer or Director — Date