

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91452 042 ***150.00
FILE # P04977

REG-107 AT

DOCUMENT # P04977 1. Entity Name MANAGED ACCESS RISK CORPORATION	
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03 MAY 13 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7301 NORTH 16TH STREET, SUITE #201 PHOENIX AZ 85020 US	Mailing Address 7301 NORTH 16TH STREET, SUITE #201 PHOENIX AZ 85020 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 62-1176288	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue City: Tallahassee FL Zip Code: 32301
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ***Change of Registered Agent has already been filed in Florida DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGLE, GEORGE E 916 CAPITAL OF TEXAS HWY S AUTSTINE TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shirley Parks 7301 N. 16th Street, Suite 201 Phoenix, AZ 85020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARA, WENDY 7301 N 16 ST #201 PHOENIX AZ 85020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donna Smith 916 S. Capital of Texas Hwy. Austin, TX 78746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT WEINBERGER, RICHARD 916 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN TX 78746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOGLE, G. MICHAEL 7301 N 16 STREET #201 PHOENIX AZ 85020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bogle, G. Michael 7301 N. 16th Street, Suite 201 Phoenix, AZ 85020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, KELLY 7301 N. 16TH ST., STE. 201 PHOENIX AZ 85020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-family: cursive;">05/13</div>

CRE034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <u>SIGNATURE REQUIRED</u>	Secretary	4-22-01	602-371-3860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #