### **HUGUELET DAVID**

Form 4 March 10, 2010

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Add<br>HUGUELET | erson * 2. Issuer N<br>Symbol | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |  |  |         | 5. Relationship of Reporting Person(s) to Issuer                                     |  |                                      |                         |  |
|-----------------------------|-------------------------------|--|--|--|---------|--|--|--------------------------------------|-------------------------|--|
| Access Pla                  |                               |  |  | -  |         |  | (Check all applicable)                             |                                      |                         |  |
| (Last)                      | (First) (M                    |  | 3. Date of Earliest Transaction        |  |         |  |  |                                      |                         |  |
| 900 36TH AE                 | ` `                           | (Month/Day/Year)<br>03/09/2010                     |  |  |         | Director 10% OwnerX Officer (give title Other (specify below) PRESIDENT RETAIL PLANS |  |                                      |                         |  |
|                             | 4. If Amend                   | 4. If Amendment, Date Original                     |  |  |         | 6. Individual or Joint/Group Filing(Check  |  |                                      |                         |  |
|                             | Filed(Month                   | Filed(Month/Day/Year)                              |  |  |         | Applicable Line) _X_ Form filed by One Reporting Person                              |  |                                      |                         |  |
| NORMAN, C                   | OK 73072                      |  |  |  |         |  | Person   | More than One Re                     | porting                 |  |
| (City)                      | (State) (Z                    | Zip) Table   | I - Non-De                             | rivative Se                                  | curitie | es Acqu  | uired, Disposed of                                 | f, or Beneficial                     | ly Owned                |  |
| 1.Title of                  | 2. Transaction Dat            | e 2A. Deemed                                       | 3.                                     | 4. Securi                                    | ties Ac | quired   | 5. Amount of                                       | 6.                                   | 7. Nature of            |  |
| Security (Instr. 3)         | (Month/Day/Year)              | any  | Transaction(A) or Disposed of Code (D) |  |         | Securities<br>Beneficially<br>Owned  | Form: Direct                                       |                                      |                         |  |
|                             |                               | (Month/Day/Year)                                   | (Instr. 8)  Code V                     | (Instr. 3, 4 and 5)  (A) or Amount (D) Price |         | Price  | Following Reported Transaction(s) (Instr. 3 and 4) | (D) or<br>Indirect (I)<br>(Instr. 4) | Ownership<br>(Instr. 4) |  |
| COMMON                      | 03/09/2010                    | 03/09/2010   | D                                      | 920  | Δ       | \$   | 920  | D                                    |                         |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

03/09/2010

03/09/2010

**STOCK** 

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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#### Edgar Filing: HUGUELET DAVID - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D) |                     | ate                | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) | of<br>ng<br>s | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|---------------|---|---|
|   |   |   |   | Code V                                 | (Instr. 3, 4, and 5)  (A) (D)   | Date<br>Exercisable | Expiration<br>Date | or<br>Title Nu<br>of  | umber         |   |   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUGUELET DAVID 900 36TH AENUE SUITE 105 NORMAN, OK 73072

PRESIDENT RETAIL PLANS

## **Signatures**

/S/ DAVID

HUGUELET 03/10/2010

\*\*Signature of Reporting Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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