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0396375

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90001 008 ***150.00

DOCUMENT # G71234

1. Corporation Name
SAI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4708 TANNERY AVE TAMPA FL 33624-4500	4708 TANNERY AVE TAMPA FL 33624-4500

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/21/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2376580 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAPNERKAR, V.D.,DR.
4708 TANNERY AVE
TAMPA FL 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAPNERKAR,VASANT D.,DR.		1.2 NAME		
STREET ADDRESS	4708 TANNERY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPNERKAR,SUSHILA V.MRS		2.2 NAME		
STREET ADDRESS	4708 TANNERY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOXINGTON, D		3.2 NAME		
STREET ADDRESS	1808 RIVERCHASE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIXSON TN 37343		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BOXINGTON, S		4.2 NAME		
STREET ADDRESS	1808 RIVERCHASE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIXSON TN 37343		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAIDVA, A		5.2 NAME		
STREET ADDRESS	4414 TRAILWOODS DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLAND TX 77479		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAPNERKAR, L		6.2 NAME		
STREET ADDRESS	4708 TANNERY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP		

BOYINGTON

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/20/99 813-961-6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)