2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G71234** May 17, 2000 8:00 am Secretary of State 1. Entity Name SAI INTERNATIONAL, INC. 05-17-2000 90935 041 ***150.00 Principal Place of Business Mailing Address 4708 TANNERY AVE 4708 TANNERY AVE TAMPA FL 33624-4500 TAMPA FL 33624-4500 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2376580 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAPNERKAR, V.D., DR. Street Address (P.O. Box Number is Not Acceptable) 4708 TANNERY AVE TAMPA FL 33624 Zip Code 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. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE CHAPNERKAR, VASANT D., DR. NAME NAME STREET ADDRESS **4708 TANNERY AVE** STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE CHAPNERKAR, SUSHILA V.MRS NAME STREET ADDRESS **4708 TANNERY AVE** STREÉT ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP ☐ Delete _ Change ☐ Addition TITLE TITLE ---BOYINGTON, D NAME NAME STREET ADDRESS 1808 RIVERCHASE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIXSON TN 37343 ☐ Change ■ Addition ☐ Delete TITLE TITLE BOYINGTON, S NAME NAME

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

Delete

1808 RIVERCHASE RD

4414 TRAILWOODS DR

SUGARLAND TX 77479

CHAPNERKAR, L

TAMPA FL 33624

4708 TANNERY AVE

HIXSON TN 37343

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SIGNATURE: VICE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Date