

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:08

DOCUMENT # **P40158** (8)

1. Corporation Name
SAI ALLIANCES, INC.

Principal Place of Business	Mailing Address
2353 RICE STREET 205 ROSEVILLE MN 55113 US	2353 RICE STREET 205 ROSEVILLE MN 55113 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/24/1992	3a. Date of Last Report 03/30/1994
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2. Principal Place of Business	2a. Mailing Address
21. 1959 Sloan Place	25. 1959 Sloan Place
Suite, Apt. #, etc. 22. Suite 200	Suite, Apt. #, etc. 27. Suite 200
City & State 23. St. Paul MN	City & State 28. St. Paul MN
Zip 24. 55117	Country 25. USA
Country 29. USA	Zip 30. 55117

4. FEI Number 41-1633893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 agent 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 607.0905, Florida Statutes.

SIGNATURE _____ (Position, typed or printed name of registered agent and title of application. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	BUCKROYD, THOMAS R.
STREET ADDRESS	5757 MANNING AVE. NO.
CITY- ST- ZIP	STILLWATER MN
TITLE	DVC
NAME	OSTLER, ERIN E.
STREET ADDRESS	3707 SUN TERRACE
CITY- ST- ZIP	WHITE BEAR LAKE MN
TITLE	DV
NAME	DAVIDSON, LESTER
STREET ADDRESS	306 BROWN ST.
CITY- ST- ZIP	VERDALE MN
TITLE	D
NAME	PEDERSEN, KNUTE
STREET ADDRESS	608 E. 8TH ST.
CITY- ST- ZIP	SUPERIOR WI
TITLE	DVS
NAME	OSTLER, ERIN
STREET ADDRESS	3707 SUN TERRACE
CITY- ST- ZIP	WHITE BEAR LAKE MN
TITLE	S
NAME	SEDESKI, GUY
STREET ADDRESS	2239 VERMILION RD.
CITY- ST- ZIP	DULUTH MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Torrey	
2.3 STREET ADDRESS	329 Grand Ave	
2.4 CITY- ST- ZIP	Superior WI 54880	
3.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1959 Sloan Plc.	
3.4 CITY- ST- ZIP	St. Paul, MN 55117	
4.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	830 Midwest Trail N.	
5.4 CITY- ST- ZIP	Lk. Elmo MN 55042	
6.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its receiver or trustee or authorized 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.

SIGNATURE: Erin Ostler 1/19/95 612 778-9093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR