

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40158 (8)
1. Corporation Name
SAI ALLIANCES, INC.



Principal Place of Business 1959 SLOAN PLACE SUITE 200 ST. PAUL MN 55117 US	Mailing Address 1959 SLOAN PLACE SUITE 200 ST. PAUL MN 55117 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 21 LONDON TELECOM NETWORK, WSA Suite, Apt #, etc. 22 1959 SLOAN PL. SUITE 200 City & State 23 ST. PAUL MN Zip 24 55117	2a Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 U.S.
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3 Date Incorporated or Qualified 08/24/1992	Applied For Not Applicable
4 FEI Number 41-1633893	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TORREY, WILLIAM	
STREET ADDRESS	329 GRAND AVE	
CITY-ST-ZIP	SUPERIOR WI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIDSON, LESTER	
STREET ADDRESS	1959 SLOAN PLACE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	OSTLER, ERIN	
STREET ADDRESS	830 MIDWEST TRAIL N.	
CITY-ST-ZIP	LK. ELMO MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FREEMAN, ROBERT	
13 STREET ADDRESS	2502 ROCKY POINT DR, SUITE 170	
14 CITY-ST-ZIP	TAMPA BAY, FLORIDA 33607	
21 TITLE	C.O.O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WEISZ, JAMES.	
23 STREET ADDRESS	2502 ROCKY POINT DR, SUITE 170	
24 CITY-ST-ZIP	TAMPA BAY, FLORIDA 33607	
31 TITLE	S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WOOD, D. COLIN	
33 STREET ADDRESS	2502 ROCKY POINT DR, SUITE 170	
34 CITY-ST-ZIP	TAMPA BAY, FLORIDA 33607	
41 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DAVIDSON LESTER	
43 STREET ADDRESS	1959 SLOAN PL. SUITE 200	
44 CITY-ST-ZIP	ST. PAUL MN 55117	
51 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	OSTLER, ERIN	
53 STREET ADDRESS	1959 SLOAN PL. SUITE 200	
54 CITY-ST-ZIP	ST. PAUL, MN. 55117	
61 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Rakoczy, JOHN	
63 STREET ADDRESS	2502 ROCKY POINT DR SUITE 170	
64 CITY-ST-ZIP	TAMPA, BAY, FLORIDA 33607	

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.

SIGNATURE: *Sandra B. Mortham* MAY 11 1998 8:00 am 97-3165

CR2E034 (10/97)