

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90022 022 ***150.00

0550711

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P40158**

1. Corporation Name
SAI ALLIANCES, INC.



Principal Place of Business

1959 ALOAN PL
 STE 200
 ST PAUL MN 55117
 US

Mailing Address

1959 SLOAN PLACE
 SUITE 200
 ST. PAUL MN 55117
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **LONDON TELECOM NETWORK**

22 **1959 SLOAN PLACE, SUITE 200**

23 **ST. PAUL MN**

24 **55117**

25 **U.S.A.**

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

41-1633893

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** DELETE
 NAME **FREEMAN, R**
 STREET ADDRESS **2502 ROCKY POINT DR, STE 170**
 CITY-ST-ZIP **TAMPA BAY FL 33607**

TITLE **P** DELETE
 NAME **DAVIDSON, LESTER**
 STREET ADDRESS **1959 SLOAN PLACE**
 CITY-ST-ZIP **ST. PAUL MN**

TITLE **DVS** DELETE
 NAME **OSTLER, ERIN**
 STREET ADDRESS **830 MIDWEST TRAIL N.**
 CITY-ST-ZIP **LK. ELMO MN**

TITLE **VP** DELETE
 NAME **DAVIDSON, L**
 STREET ADDRESS **1959 SLOAN PL, STE 200**
 CITY-ST-ZIP **ST PAUL MN 55117**

TITLE **VP** DELETE
 NAME **OSTELR, E**
 STREET ADDRESS **1959 SLOAN PL, STE 200**
 CITY-ST-ZIP **ST PAUL MN 55117**

TITLE **P** DELETE
 NAME **RAKOCZY, J**
 STREET ADDRESS **2502 ROCKY PINT DR, STE 170**
 CITY-ST-ZIP **TAMPA BAY FL 33607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/T** Change Addition
 1.2 NAME **WOOD COLIN**
 1.3 STREET ADDRESS **2502 ROCKY POINT DR, SUITE 170**
 1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33607**

2.1 TITLE **C.O.O.** Change Addition
 2.2 NAME **WEISZ JAMES**
 2.3 STREET ADDRESS **2502 ROCKY POINT DR, SUITE 170**
 2.4 CITY-ST-ZIP **TAMPA, FLORIDA 33607**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Lester Davidson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 1999 612-793-3000
 Date Daytime Phone #

CR2E034 (11/98)