

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000005512 (7)
 1. Corporation Name
 QAI, INC.



Principal Place of Business: 386 N. WABASHA, 1550 ST PAUL MN 55102, US
 Mailing Address: 386 N. WABASHA, 1550 ST. PAUL MN 55102, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State: 23
 24 Zip: 25 Country: 26
 2a. Mailing Address: 26 7700 Irvine Center Drive
 Suite, Apt. #, etc.: 27
 28 City & State: Irvine CA
 29 Zip: 92618 30 Country: USA

3. Date Incorporated or Qualified: 11/13/1995
 4. FEI Number: 41-1709144 Applied For: Not Applicable
 5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC	BAER, ELAM 386 N. WABASHA, SUITE 1550 ST. PAUL MN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: David Wiegand 1.3 STREET ADDRESS: 10622 Villa Del Cerro 1.4 CITY-ST-ZIP: Santa Ana, CA 92705
TITLE: VCS	GRUNSETH, VICTORIA 386 N. WABASHA, SUITE 1550 ST. PAUL MN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: S 2.2 NAME: Maria Wiegand 2.3 STREET ADDRESS: 10622 Villa Del Cerro 2.4 CITY-ST-ZIP: Santa Ana CA 92705
TITLE: D	GREEN, JEFF 386 N. WABASHA, SUITE 1550 SIOUX FALLS SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: George Rebersdorf 3.3 STREET ADDRESS: 7700 Irvine Center Drive Suite 605 3.4 CITY-ST-ZIP: Irvine CA 92618
TITLE: D	LONGLEY, CHRIS 386 N WABASHA, STE 1550 ST PAUL MN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: V 4.2 NAME: Ron Shade 4.3 STREET ADDRESS: 7700 Irvine Center Drive Suite 605 4.4 CITY-ST-ZIP: Irvine CA 92618
TITLE: D	DENNIS, JOHN 386 N WABASHA, STE 1550 ST PAUL MN	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

Change Addition

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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: _____ DATE: 9/11/98

CR2E034 (5/98)