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Jul 22 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 # **F97000001815 (6)**

1. Corporation Name
SAAB TRAINING INC.

Principal Place of Business	Mailing Address
C/O WIGGIN & DANA. THREE STAMFORD PLAZA 301 TRESSER BLVD. STAMFORD CT 06901-3234	C/O WIGGIN & DANA. THREE STAMFORD PLAZA 301 TRESSER BLVD. STAMFORD CT 06901-3234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR ~~APPLIED FOR~~ 58-2310523	☐ Applied For ☐ Not Applicable
21 34 Sloan Street	26 34 Sloan Street		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City Roswell, State GA	28 City Roswell, State GA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 30075, 25 Country USA	29 Zip 30075, 30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No N/A	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLYDESDALE, ROBERT		1.2 NAME		
STREET ADDRESS	8217 RIVERHILL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30068		1.4 CITY-ST-ZIP		
TITLE	DV VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LINDGREN, JORGEN		2.2 NAME		
STREET ADDRESS	G ZILOS V.5/ S-554 48 JONKOPING		2.3 STREET ADDRESS		
CITY-ST-ZIP	SWEDEN		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, HANS Dir		3.2 NAME		
STREET ADDRESS	ASTRONOMGATAN 10/ S-554 48 JONKOPING		3.3 STREET ADDRESS		
CITY-ST-ZIP	SWEDEN		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURRENTINE, J D Sec		4.2 NAME		
STREET ADDRESS	342 NEW CANAAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT 06897		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

770 998 3159

SIGNATURE Robert Clydesdale Robert CLYDESDALE VP 6/25/98