

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

FILED  
Apr 17 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 # F97000002648 (0)

1. Corporation Name  
SAMBOY FINANCIAL, INC.

Principal Place of Business  
14495 23RD AVENUE NORTH  
PLYMOUTH MN 55447

Mailing Address  
14495 23RD AVENUE NORTH  
PLYMOUTH MN 55447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2155 NIAGARA LN NORTH Suite, Apt. #, etc. 22 150 City & State 23 PLYMOUTH MN Zip 24 55447 Country 25		2a. Mailing Address 26 2155 NIAGARA LN NORTH Suite, Apt. #, etc. 27 150 City & State 28 PLYMOUTH MN Zip 29 55447 Country 30		3. Date Incorporated or Qualified 05/19/1997	4. FEI Number 41-1792498 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	
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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

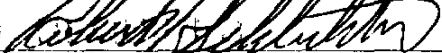
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, BERTRAM	1.2 NAME	
STREET ADDRESS	14495 23RD AVENUE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH MN 55447	1.4 CITY - ST - ZIP	
TITLE	VSDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLICHTER, ROBERT R	2.2 NAME	
STREET ADDRESS	14495 23RD AVENUE NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH MN 55447	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTCHMAN, JAY L	3.2 NAME	
STREET ADDRESS	565 TAXTER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELMSFORD NY 10523	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:  4-7-98 612-404-0056

CR2E034 (10/97)