

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 04, 2008
Secretary of State**

DOCUMENT# L31550

Entity Name: SAIC REALTY COMPANY

Current Principal Place of Business:

3801 BAY TO BAY BLVD
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3801 BAY TO BAY BLVD
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-2978395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASER, ROBERT P.
3801 BAY TO BAY BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLASER, ROBERT P.,
Address: 810 S. NEWPORT
City-St-Zip: TAMPA, FL

Title: VP (X) Delete
Name: DALEY, PATRICIA
Address: 3801 BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629 US

Title: P () Delete
Name: CONOVER, MARY S
Address: 3801 BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. GLASER

D

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date