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PROFIT **CORF'ORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P17769

(1)

SAGE CUTTERS, INC.

Mailing Address

Principal Place of Business 1712 HOPKINS CROSSROAD MINNEAPOLIS MN 55305

SIGNATURE:

1712 HOPKINS CROSSROAD MINNEAPOLIS MN 55305

**FILED** Feb 19 1997 8:00am Secretary of State



John B. Goodman Pres. 2/847 (12)

0627708

|                                   |  |                     |                                       |                    |                       |              |   |                           |   |                |                                     | e Incorpor<br>26/1988   | ated or C    | Jualified                              |             | ate of La    |            | oort          |
|-----------------------------------|--|---------------------|---------------------------------------|--------------------|-----------------------|--------------|---|---------------------------|---|----------------|-------------------------------------|-------------------------|--------------|--|-------------|--------------|------------|---------------|
| 2. Principal Pl                   | ace of Busin   | 2,                  | 2a, Mailing Address                   |                    |                       |              |   |                           | 4. FEI Number Applied For                             |                |                                     |                         |              |  |             | lied For     |            |               |
| 21 1107 HABELTINE CLVD.           |  |                     |                                       |                    | 26 1107 HAZPLTINE LAD |              |   |                           |   |                | 44 4000 400                         |                         |              |  |             |              | Applicable |               |
| Suite, Apt. #, etc.               |  |                     |                                       |                    | Suite, Apt. #, etc.   |              |   |                           |   |                |                                     |                         |              |  | <del></del> | \$8.7        |            | iditional     |
| 22 200                            |  |                     |                                       |                    | 27 200                |              |   |                           |   |                | <b>5.</b> Cer                       | tificate of S           | Status De    | sired                                  |             |              | e Req      |               |
| City & State                      |  |                     |                                       |                    | City & State          |              |   |                           |   |                | 6. Elec                             | ction Camp              | paign Fin    | ancing                                 | -           | \$5.         | 00 N       | lay Be        |
| 23 CHASK                          | CHASKA MN  |                     |                                       |                    | 28 CHASKA, MA         |              |   |                           | <i></i>   |                |                                     | Trust Fund Contribution |              |  |             |              |            |               |
| Zıp                               | _ [  | Col                 | untry                                 |                    | Zip                   |              |   | Country                   |   |                | 8. This                             | corporation             | on has lia   |  |             |              | ers.       | 199.032,      |
| 24 553                            |  | 25                  | USA                                   | 29                 |                       |              | 30  | u.                        | SA_   |                |                                     | ida Statute             |              |  | Yes         |              |            |               |
|                                   |  |                     | dress of Currer                       | nt Regi            | stered Ager           | ıt           |   |                           |   |                | 10. Nar                             | ne and Ad               | idress o     | New Re                                 | gistered    | Agent        |            |               |
| CT C                              | В  | 81 Name             |                                       |                    |                       |              |   |                           |   |                |                                     |                         |              |  |             |              |            |               |
| 1200 S. PINE ISLAND ROAD          |  |                     |                                       |                    |                       |              |   | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable) |                |                                     |                         |              |  |             |              |            |               |
| PLANTATION FL 33324               |  |                     |                                       |                    |                       |              |   | 83                        |   |                |                                     |                         |              |  |             |              |            |               |
|                                   |  |                     |                                       |                    | 63                    | ļ            |   |                           |   |                |                                     |                         | . [          |  |             |              |            |               |
|                                   |  |                     |                                       |                    |                       |              |   | 84                        | City  | FL 85 Zip Code |                                     |                         |              |  |             |              | ode        |               |
| 11. Pursuant                      | to the provisi   | ions of t           | Sections 607 050                      | 2 and              | 607.1508. FI          | orida Statu  | ites, th  | e abov                    | e-name  | corpo          | ration sul                          | bmits this              | statemen     | t for the c                            | OUTOOSA (   | of channi    | na its     | registered    |
| office or r                       | egistered ag   | ent, or             | both, in the State                    | of Flor            | rida Such ch          | ange was     | autho   | rized by                  | y the co  | rporatio       | n's board                           | d of directo            | ors. I her   | eby acce                               | pt the ap   | pointmer     | l as re    | gistered      |
|                                   | 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 age                | ent and tit        | ie il applicable      | (NO          | TE: Regi  | stered Age                | ent signatu   | e required     | when reinst                         | tating)                 |              |  | DATE        |              |            |               |
| 12.                               |  |                     | OFFICERS AN                           | D DIRE             | CTORS                 |              |   | 13.                       |   |                | ADD                                 | ITIONS/CH               | IANGÉS       | TO OFFIC                               | CERS AN     | D DIREC      | TORS       | IN 12         |
| TITLE                             | PD   |                     |                                       |                    | 1,1 TITLE             |              |   |                           |   |                |                                     |                         | Cha          | uāe                                    | Addition    |              |            |               |
| NAME                              | GOODMAN, JOHN B.   |                     |                                       |                    |                       |              |   |                           | 1.2 NAME  |                |                                     |                         |              |  |             |              |            | l             |
| STREET ADDRESS                    | 1712 HOF   |                     | 1.33                                  |                    |                       |              | REET ADDRESS   1107 HAZELTINE AGULEVARD, SUITEZOO |                           |   |                |                                     |                         |              | 00                                     |             |              |            |               |
| CITY - ST - ZIP                   | MINNETONKA MN  |                     |                                       |                    |                       |              |   | 1.4 CITY-ST-ZIP C         |   |                | A6K/                                | 4 0                     | W            | 553                                    | 18          |              |            |               |
| TITLE                             | VST  |                     |                                       |                    |                       | DELETE       | - 1   | 2.1 TITLE                 |   |                |                                     |                         |              |  |             | Cha          | nge        | Addition      |
| NAME                              | GOODMA   |                     | - 1:                                  | 2.2 NAME           |                       |              |   |                           |   |                |                                     |                         |              |  |             |              |            |               |
| STREET ADDRESS                    |  |                     | CROSSROAD                             |                    |                       |              |   | 2.4 CHTY-ST-ZIP C         |   |                | 107 HABLTINE BOULEVARD, SUITE 200   |                         |              |  |             |              |            |               |
| CITY-SI-72P                       | MINNETO  | NKA M               | N                                     |                    |                       |              |   |                           |   |                | CHASKA MN 55318                     |                         |              |  |             |              |            |               |
| TITLE                             | D  |                     | and I                                 |                    | <b>L</b>              | DELETE       |   | 3.1 TITLE                 |   | \<br>\         |                                     |                         |              |  |             | <b>≱</b> Cha | nge        | Addition      |
| NAME                              | GOODMA   |                     |                                       |                    | ,                     |              |   | 3.2 NAME                  |   |                | 41.0                                |                         |              | Marre M                                |             |              |            | _             |
| STREET ADDRESS                    |  |                     | CROSSROAD                             |                    |                       |              |   | •                         |   |                | 1107 HAZECTINE GOULEPARD, SUITE 200 |                         |              |  |             |              |            |               |
| CITY - S1 - ZIP                   | MINNETO  | NIVA M              | IN                                    |                    |                       | DELETE       | -   | 3.4. CITY-                | ST-ZIP  | CH             | <b>Very</b>                         | <u>, m</u>              | V ST         | 5318                                   | ·           | 1 0          |            | T A distance  |
| TITLE                             |  |                     |                                       |                    | <b>L</b>              | DELETE       |   | 4.1 TITLE                 |   |                |                                     |                         |              |  |             | ∐ Cha        | uge        | Addition      |
| NAME                              |  |                     |                                       |                    |                       |              |   | 2 NAME                    |   | 1              |                                     |                         |              |  |             |              |            | ļ             |
| STREET ADORESS                    |  |                     |                                       |                    |                       |              | •   |                           | i address   |                |                                     |                         |              |  |             |              |            |               |
| CITY-S1-ZIP<br>TITLE              |  |                     |                                       |                    |                       | DELETE       |   | 1.4 CITY - S<br>5.1 TITLE | si - ZIP  | <del> </del>   |                                     | <del> </del>            | ·            | ······································ |             | Cha          | nne        | Addition      |
| NAME                              |  |                     |                                       |                    | L                     | DECE IL      |   | 5.2 NAME                  |   | 1              |                                     |                         |              |  |             |              | ··Ac       | Radiijoii     |
|                                   |  |                     |                                       |                    |                       |              |   |                           | T 1 DDDCCC  |                |                                     |                         |              |  |             |              |            |               |
| STREET ADDRESS                    |  |                     |                                       |                    |                       |              |   |                           | T ADDRESS   | i              |                                     |                         |              |  |             |              |            |               |
| City - St - 7IP<br>Title          |  |                     |                                       |                    |                       | DELETE       |   | 5.4 CITY-:<br>6.1 TITLE   | o i · ZIP   | +              |                                     |                         |              |  |             | Cha          | nge        | Addition      |
|                                   |  |                     |                                       |                    | _                     | PERETE.      |   | 6.2 NAME                  |   |                |                                     |                         |              |  |             |              | - No       |               |
| NAME<br>CTOCCT ADVOCCC            |  |                     |                                       |                    |                       |              |   |                           | T ANDRESO   |                |                                     |                         |              |  |             |              |            |               |
| STREET ADDRESS                    |  |                     |                                       |                    |                       |              | 1   |                           | TADDRESS  |                |                                     |                         |              |  |             |              |            | l             |
| 0/TY - S1 - ZIP<br>14. I do here! | ov certify tha   | I the inf           | ormation supplie                      | d with             | this filing do        | es not aua   |   | 6.4 CITY-<br>the ext      |   | stated i       | in Section                          | n 119.07/3              | )(i), Florie | da Statute                             | s. I furth  | er certify   | that ti    | ne            |
| informatio                        | ri indicated i   | on this a           | annual report or                      | supplei            | mental annu           | al report is | true a  | nd acc                    | urate an  | d that n       | ny signal                           | ture shall h            | ave the      | same lega                              | al effect a | as if mad    | e und      | er oath; that |
| i am an o<br>appears i            | mger or airei<br>n Block 12 a  | ororort<br>ir Block | he corporation of<br>13 if changed, c | r me re<br>Fori ar | n attachment          | with an ac   | wered<br>dress                                    | . O exe                   | JULE INS  | report         | as requir                           | eu by Chậ               | hrau on,     | , rioriga i                            | oraiules;   | peru tridi   | iny na     | ייית          |