

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

FILED
May 15 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 # P17769 (1)
1. Corporation Name
SAGE CUTTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1107 HAZELNUT BLVD #200 CHASKA MN 55318 US		Mailing Address 1107 HAZELNUT BLVD #200 CHASKA MN 55318 US	
2. Principal Place of Business 21 1107 Hazeltine Blvd Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 1107 Hazeltine Blvd Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/26/1988		4. FEI Number 41-1603179	
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 85 Zip Code FL	
---	--	--	--

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	PD	1.1 TITLE	PD
NAME	GOODMAN, JOHN B.	1.2 NAME	Goodman, John B.
STREET ADDRESS	1107 HAZELNUT BLVD, STE 200	1.3 STREET ADDRESS	1107 Hazeltine Blvd, Ste 200
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	Chaska MN 55318
TITLE	VST	2.1 TITLE	VST
NAME	GOODMAN, SIDNEY A.	2.2 NAME	Goodman, Sidney A.
STREET ADDRESS	1107 HAZELNUT BLVD, SUITE 200	2.3 STREET ADDRESS	1107 Hazeltine Blvd, Ste 200
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	Chaska, MN 55318
TITLE	D	3.1 TITLE	D
NAME	GOODMAN, SIDNEY A.	3.2 NAME	Goodman, Sidney A.
STREET ADDRESS	1107 HAZELNUT BLVD, SUITE 200	3.3 STREET ADDRESS	1107 Hazeltine Blvd, Ste 200
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	Chaska, MN 55318
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 *[Signature]* 4/2/98 (11) 2/1/98

CR2E034 (10/97)