May 06, 1999 8:00 am Secretary of State

05-06-1999 90125 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P17769

SAGE CUTTERS, INC.

Principal Place	e of Business	Mailing Address				1 100(100) jat 11011 (0011 (0011 (0010 0110 0101) eint eint eint eint eint eint	
1107 HAZELTINE BLVD 1107 HAZETINE BL							
#200		#200				DO NOT WRITE IN THIS SPACE	
CHASKA MN 55	5318	Chaska mn 55318 Us				DO NOT WRITE IN THIS SPACE	
us						3. Date Incorporated or Qualifed	
		9- Marilian Address				01/26/1988 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address							
21	# -A-	Suite, Apt. #, etc.				41-1603179 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.		<u> </u>				5. Certificate of Status Desired Fee Required	
City & State		- City & State					
└	•	<u> </u>				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country					This corporation owes the current year Intangible	
⊢ '	25	<u> </u>	30	,		Personal Property Tax.	
24	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered Agent	
	J. Italia and Address of Culture	rtogistores rigent	1	31	Name		
СТС	CORPORATION SYSTEM			_			
1200 S. PINE ISLAND ROAD				32	Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	NTATION FL 33324		\ <u></u>	33			
	(1////01/12/0002/						
			1	34	City	FL 85 Zip Code	
	007.0500	1007 4500 Ft		1			
í office or r	egistered agent, or both, in the State of	f Florida. Such change was au	ithorized i	by t	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statut	es.	•		
SIGNATURE						od when reinstatung) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent s 12. OFFICERS AND DIRECTORS 13.				signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		DELETE	1.1 T/TL			Change Addition	
TITLE	PD	- Decree	1.1 MIL				
NAME	GOODMAN, JOHN B.						
STREET ADDRESS	1107 HAZELTINE BLVD STE 200		i i		ADDRESS		
CITY-ST-ZIP	CHASKA MN 55318	☐ DELETE	1.4 CITY 2.1 TITL		· ZIP	☐ Change ☐ Additio	
TITLE	VST	L. VELETE		_			
NAME	GOODMAN, SIDNEY A.		2.2 NAM				
STREET ADDRESS	1107 HAZENTINE BLVD, STE 20	0	•		ADDRESS		
CITY-ST-ZIP	CHASKA MN 55318		2. 4 CIT		r- zip	Chance Addition	
TITLE	D	☐ DELETE	31 TITL			☐ Change ☐ Addition	
NAME	(GOODHIAN, OIDNET A:		ı	3.2 NAME			
STREET ADDRESS	1107 HAZELTINE BLVD STE 200		3.3 STR	EET.	ADDRESS		
CITY-ST-ZIP	CHASKA MN 55318		3.4. CIT	_	r-zip		
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME		•	4. 2 NA	Æ			
STREET ADDRESS			4.3 STR	EET.	ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST	- ZIP		
TITLE		☐ DELETE	5.1 TTTL	E		☐ Change ☐ Addition	
NAME			5.2 NAM	Œ			
STREET ADDRESS			5.3 STR	EET.	ADDRESS	•	
CITY-ST-ZIP			5.4 CITY	-ST	-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	EET	ADDRESS		

64 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP