917769

(Re	questor's Name)	
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PłCK-UP	TIAW [MAIL
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Ф	ocument Number)	
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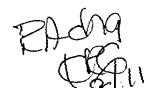


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SECRETARY UN STATE

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FILING REQUEST

July 31, 2003

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SAGE CUTTERS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #11670 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida.	27, 9, 40, 10, 0, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12
1. The name o	f the corporation: Sage Cutters, inc.
2. The principa	al office address: 1107 Hazeltine Blvd. #200, Chaska, MN 55318
3. The mailing	; address (if different):
4. Date of inco	orporation/qualification: 01/26/1988 Document number: P17769
	nd street address of the current registered agent and registered office on file with the artment of State:
	CT Corporation System
	1200 S. Pine Island Road
	Plantation, FL 33324
6. The name : changed):	and street address of the new registered agent (if changed) and /or registered office (if NRAI Services, Inc.
	526 E. Park Avenue
	(P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32301
	tress of its registered office and the street address of the business office of its registered ged will be identical.
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signature of an office	cer, chairman or vice chairman of the board) HATRICIA A. BILLA Secretary (Printed or types harne and time)
I hereby acce I further agre performance registered age office address	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered in the registered in the corporation has been notified in writing of this change.
Sin 1	Signature of Registered Agent) 7-31-03 (Date)
If signing on beh	
By: Sue Bro	
NRAI Services	(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *