FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18491** **(1)**

1. Corporation Name
SAAB FINANCIAL SERVICES CORP.

Principal Place of Business	Mailing Address
4405-A SAAB DRIVE **P.O. BOX 9000** **NORCROSS GA 30091**	**4405-A SAAB DRIVE** **P.O. BOX 9000** **NORCROSS GA 30091-9000**

3. Date Incorporated or Qualified: **03/18/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: **06-1221648** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**ADAMS, KENNETH F.**		1.2 NAME		
STREET ADDRESS	**9565 RED BIRD LANE**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**ALPHARETTA GA**		1.4 CITY-ST-ZIP		
TITLE	**SC**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**ROVINSKI, MICHAEL E.**		2.2 NAME		
STREET ADDRESS	**10300 BRIER MILL CT.**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**ALPHARETTA GA**		2.4 CITY-ST-ZIP		
TITLE	**TS**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**HAAS, DOUGLAS F.**		3.2 NAME		
STREET ADDRESS	**225 WEATHERWOOD CIRCLE**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**ALPHARETTA GA**		3.4 CITY-ST-ZIP		
TITLE	**D**	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	**LUC, JANSSENS**		4.2 NAME		
STREET ADDRESS	**S-461 80**		4.3 STREET ADDRESS		
CITY-ST-ZIP	**TROLLHATTEN SW**		4.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	Joel K. Mandy		5.2 NAME	Joel K. Mandy	
STREET ADDRESS	640 Falls Lake Drive		5.3 STREET ADDRESS	640 Falls Lake Drive	
CITY-ST-ZIP	Alpharetta GA 30202		5.4 CITY-ST-ZIP	Alpharetta GA 30202	
TITLE	Director Charles Klein	☐ DELETE	6.1 TITLE	Director	☐ Change ☑ Addition
NAME			6.2 NAME	Charles Klein	
STREET ADDRESS	S-461 80 Trollhattan		6.3 STREET ADDRESS	S-461 80 Trollhattan	
CITY-ST-ZIP	Sweden		6.4 CITY-ST-ZIP	Sweden	

CR2E034 (9/96)

14. I do 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: X _____ Douglas F. Haas 4/29/97 770-279-0100