1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18491

SAAB FINANCIAL SERVICES CORP.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90017 014 ***150.00

Displaced Displace Address						-{				
Principal Place of Business Mailing Address										
4405-A SAAB DRIVE 4405-A SAAB DRIVE										
P.O. BOX 9000		P.O. BOX 9000 NORCROSS GA 30091				DO NOT WRITE IN THIS SPACE				
NORCROSS GA 30091 NORCROSS GA 30091					3. Date Incorporated or Qualifed					
						03/18/1988			ĺ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	Aoo	lied For	
	A International Blvd.		rnational Blvd.			06-1221648	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.		ditional	
22		27	7			5. Certifcate of Status Desired	•	ee Req	i	
City & Stat	e e	City & State				6. Election Campaign Financing	\$5	,00 A	/lav Be	
23 Norcro	ss, GA	28 Norcross, GA				Trust Fund Contribution Added to Fees				
Zip Country Zip				intry		8. This corporation owes the current year Intangible				
24 30093	25 Gwinnett	29 30093	30 Gw	in	nett	Personal Property Tax.	☐ Yes ☐ No			
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered	Agent			
				81	Name					
C T CORPORATION SYSTEM				82	Street Add	t Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD					Olicel Addi	ress (F.O. Dox Number is Not Acceptable)]	
PLANTATION FL 33324				83	_					
				0.4	Cit		loc l	Zip Co		
				84	City	Fl	85	Zip Ct	100	
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statuti	es, the al	bove	-named corp	poration submits this statement for the purpose of	changir	ng its re	gistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was a ns of Section 607 0505. Flo	uthorized rida Stati	l by utes.	the corporation	on's board of directors. I hereby accept the appo	ntment	as regi	stered	
•	The terminal with and decopt the deligation	10 01, 000001, 007.0000, 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					t signature require	d when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		_		
TITLE	PD	☐ DELETE	1.1 111	πE		sistant Secretary	☐ Cha	ange	Addition	
NAME	adams, Kenneth F.		1.2 NA	ME		wenthal, Alan J.				
STREET ADDRESS	RESS 9565 RED BIRD LANE 1.38		1.3 ST	REET		15 Braffington Court				
CITY-ST-ZIP	ALPHARETTA GA	ALPHARETTA GA 14C		TY-ST	-zip At	lanta, Georgia 30350 🔠				
TITLE	SC					<u> </u>				
NAME		☐ DELETE	2.1 TIT	TLE			X Cha	ange	☐ Addition	
10 0112	ROVINSKI, MICHAEL E.	☐ DELETE	2.1 TIT 2.2 NA		R	ovinski, Michael E.	X Cha	ange	☐ Addition	
STREET ADDRESS	= =	☐ DELETE	2.2 NA	WE	ADDRESS 3	ovinski, Michael E. 0250 Forest Drive	X Cha	ange	☐ Addition	
ļ	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA		2.2 NA 2.3 ST 2.4 CI	ME REET	ADDRESS 3	ovinski, Michael E.				
STREET ADDRESS	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS	☐ DELETE	2.2 NA 2.3 ST	ME REET	ADDRESS 3	ovinski, Michael E. 0250 Forest Drive	Cha		Addition Addition	
STREET ADDRESS CITY-ST-ZIP	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F.		2.2 NA 2.3 ST 2.4 CI	ME REET ITY-S	ADDRESS 3	ovinski, Michael E. 0250 Forest Drive				
STREET ADDRESS CITY-ST-ZIP TITLE	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE		2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	REET ITY-S ILE ME	ADDRESS 3	ovinski, Michael E. 0250 Forest Drive				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F.	[] DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	REET ITY-S ILE AME	ADDRESS 3 F	ovinski, Michael E. 0250 Forest Drive	☐ Cha	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE ALPHARETTA GA		2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	REET ITY-S ILE AME REET ITY-S'	ADDRESS 3 F	ovinski, Michael E. 0250 Forest Drive		ange		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE ALPHARETTA GA D MANBY, JOEL K	[] DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI	ME TREET ITY-S ILE AME TREET ITY-S ILE	ADDRESS 3 F	ovinski, Michael E. 0250 Forest Drive	☐ Cha	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE ALPHARETTA GA	[] DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TV 4.2 NJ	REET ITY-S' ILE AME REET ITY-S' ILE AME	ADDRESS 3 F	ovinski, Michael E. 0250 Forest Drive	☐ Cha	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE ALPHARETTA GA D MANBY, JOEL K	☐ DELETE	2.2 NA 2.3 ST 2.4 CC 3.1 TTT 3.2 NA 3.9 ST 3.4. CC 4.1 TTT 4. 2 NV 4.3 ST 4.4 CG	REET ITY-S ILE AME REET ITY-S ILE REET ITY-S REET REET ITY-S REET ITY-SI	ADDRESS 3 F ADDRESS 1-ZIP ADDRESS 4 ADDRESS 4	ovinski, Michael E. 0250 Forest Drive	☐ Cha	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROVINSKI, MICHAEL E. 10300 BRIER MILL CT. ALPHARETTA GA TS HAAS, DOUGLAS F. 225 WEATHERWOOD CIRCLE ALPHARETTA GA D MANBY, JOEL K 640 FALLS LAKE DRIVE ALPHARETTA GA D	[] DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TIII 3.2 NA 3.9 ST 3.4 CI 4.1 TIII 4.2 NV 4.3 ST 4.4 CR 5.1 TIII	REET ITY-S ILE AME REET ITY-S ILE AME REET ITY-S ILE REET ITY-SI	ADDRESS 3 F ADDRESS 1-ZIP ADDRESS 4 ADDRESS 4	ovinski, Michael E. 0250 Forest Drive	☐ Cha	ange	☐ Addition	
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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:

YE RECTREASURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

(770) 279-6364

Daytime Phone #