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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18491

1. Corporation Name

SAAB FINANCIAL SERVICES CORP.

Principal Place of Business

4405-A SAAB DRIVE
P.O. BOX 9000
NORCROSS GA 30091

Mailing Address

4405-A SAAB DRIVE
P.O. BOX 9000
NORCROSS GA 30091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4405-A International Blvd.

2a. Mailing Address

26 4405-A International Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Norcross, GA

Zip

24 30093

Country

25 Gwinnett

27 City & State

28 Norcross, GA

Zip

29 30093

Country

30 Gwinnett

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, KENNETH F.	
STREET ADDRESS	9565 RED BIRD LANE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	ROVINSKI, MICHAEL E.	
STREET ADDRESS	10300 BRIER MILL CT.	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HAAS, DOUGLAS F.	
STREET ADDRESS	225 WEATHERWOOD CIRCLE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANBY, JOEL K	
STREET ADDRESS	640 FALLS LAKE DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, CHARLES	
STREET ADDRESS	S-461 80 TROLLHATTAN	
CITY-ST-ZIP	SWEDEN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lowenthal, Alan J.	
1.3 STREET ADDRESS	2715 Braffington Court	
1.4 CITY-ST-ZIP	Atlanta, Georgia 30350	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rovinski, Michael E.	
2.3 STREET ADDRESS	30250 Forest Drive	
2.4 CITY-ST-ZIP	Franklin, Michigan 48025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

(770) 279-6364

Daytime Phone #

CR2E034 (11/98)