2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004218

Entity Name: SAI FL HC6, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
5401 E. INDEPENDENCE BLVD CHARLOTTE, NC 28212 US						
FEI Number:	59-3552436	FEI Number Applied For ()	FEI Number Not Appli	cable () Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered					istered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
Electronic Signature of Registered Agent			t		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D SMITH, B. SCOTT 5401 E. INDEPEN CHARLOTTE, NC	IDENCE BLVD	Title: Name: Address: City-St-Zip:	() Change (() Addition	
Title: Name: Address: City-St-Zip:	VTD () C COSPER, DAVID 5401 E. INDEPEN CHARLOTTE, NC	IDENCE BLVD	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name: Address: City-St-Zip:	S () C COSS, STEPHEN 5401 E. INDEPEN CHARLOTTE, NC	IDENCE BLVD	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name: Address: City-St-Zip:	D () E SMITH, O. BRUTG 5401 E. INDEPEN CHARLOTTE, NC	IDENCE BLVD	Title: Name: Address: City-St-Zip:	()Change(() Addition	
Title: Name: Address: City-St-Zip:	ASAT () E O'CONNOR, JOS 5401 E. INDEPEN CHARLOTTE, NC	IDENCE BLVD	Title: Name: Address: City-St-Zip:	() Change (() Addition	
Title: Name: Address: City-St-Zip:	AS () E MULLINS, MIKE 21799 US HWY 1 CLEARWATER, F		Title: Name: Address: City-St-Zip:	VP (X) Change RUSS, JOHN E III 5401 E. INDPENEDENCE CHARLOTTE, NC 28212	. ,	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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						

SIGNATURE: JOSEPH D. O'CONNOR, JR. ASAT 04/15/2009

above, or on an attachment with an address, with all other like empowered.