SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

000079

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 AUG 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92083 (2)

1. Corporation Name
SAI/DELTA, INC.

Principal Place of Business	Mailing Address
900 HUYLER STREET TETERBORO NJ 07608	900 HUYLER STREET TETERBORO NJ 07608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1991

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 58-1971549	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 900002612549--3 83 -08/11/98--01031--009 ****550.00 ****550.00 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	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DEVITO, JOHN		1.2 NAME	JOHN T. SMITH	
STREET ADDRESS	900 HUYLER STREET		1.3 STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	TETERBORO NJ 07608		1.4 CITY-ST-ZIP	ROCHESTER, N.Y. 14621	
TITLE	CD	☐ DELETE	2.1 TITLE	CFO	☐ Change ☑ Addition
NAME	LOBOZZO, JOSEPH M II		2.2 NAME	FRANK J. DONNELLY	
STREET ADDRESS	690 PORTLAND AVENUE		2.3 STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	ROCHESTER NY 14621		2.4 CITY-ST-ZIP	TETERBORO, N.J. 07608	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JULIAN, MICHAEL		3.2 NAME		
STREET ADDRESS	690 PORTLAND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14623		3.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCUSKER, MICHAEL		4.2 NAME		
STREET ADDRESS	690 PORTLAND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14623		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ENGELFRIED, ALFRED		5.2 NAME		
STREET ADDRESS	366 WHITE SPRUCE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY 14623		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	METRICK, MARY		6.2 NAME		
STREET ADDRESS	900 HUYLER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NY 07608		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.

SIGNATURE: _____ 2/14/98 (201) 440-6565

CR2E034 (5/98)