

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000016038

**Entity Name:** SAI FL HC2, INC.

**Current Principal Place of Business:**

4401 COLWICK ROAD  
CHARLOTTE, NC 28211

**Current Mailing Address:**

4401 COLWICK ROAD  
CHARLOTTE, NC 28211 US

**FEI Number:** 59-3501021

**Certificate of Status Desired:** No

**Name and Address of Current Registered 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title T/VP/D  
Name BYRD, HEATH R.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title P/D  
Name SMITH, DAVID B.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title ASAT  
Name JOHNSON, CAROLYN  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title S  
Name COSS, STEPHEN K.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name RUSS, JOHN E. III  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name DYKE, JEFF  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title ASST. SECRETARY  
Name SIGAFORES, SHELLEY  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

*I hereby 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATH R BYRD

**CFO**

**03/10/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date