

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86660

Entity Name: SAI FL HC7, INC.

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

5401 EAST INDEPENDENCE BLVD  
CHARLOTTE, NC 28212

**New Principal Place of Business:**

**Current Mailing Address:**

5401 EAST INDEPENDENCE BLVD.  
CHARLOTTE, NC 28212

**New Mailing Address:**

FEI Number: 59-2214873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, B. SCOTT  
Address: 5401 EAST INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212

Title: S ( ) Delete  
Name: COSS, STEPHEN K  
Address: 5401 EAST INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212

Title: VP/T ( ) Delete  
Name: COSPER, DAVID P  
Address: 5401 EAST INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212

Title: VP ( ) Delete  
Name: RUSS, III, JOHN  
Address: 5401 EAST INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212

Title: ASAT ( ) Delete  
Name: O'CONNOR, JR., JOSEPH D  
Address: 5401 EAST INDEPENDENCE BLVD  
City-St-Zip: CHARLOTTE, NC 28212

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SMITH, BRUTON O  
Address: 5401 E. INDEPENDENCE BLVD.  
City-St-Zip: CHAROLOTTTE, 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. O'CONNOR, JR.

ASAT

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date