

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001815 (6)
 1. Corporation Name
SAAB TRAINING INC.



Principal Place of Business Mailing Address

**C/O WIGGIN & DANA. THREE STAMFORD PLAZA
 301 TRESSER BLVD.
 STAMFORD CT 06901-3234**

**C/O WIGGIN & DANA. THREE STAMFORD PLAZA
 301 TRESSER BLVD.
 STAMFORD CT 06901-3234**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	34 Sloan Street	26	34 Sloan Street	04/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-2910523	
22		27		APPLIED FOR	
City State Roswell, GA		City State Roswell, GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 30075 Country USA		29 Zip 30075 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>n/a</i>	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CLYDESDALE, ROBERT	
STREET ADDRESS	\$217 RIVERHILL ROAD	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LINDGREN, JORGEN <i>VP</i>	
STREET ADDRESS	G ZILOS V.5/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTSON, HANS <i>Dir</i>	
STREET ADDRESS	ASTRONOMGATAN 10/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURRENTINE, J D <i>Sec</i>	
STREET ADDRESS	342 NEW CANAAN ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

SIGNATURE _____

CR2E034 (10/97)

770 948 3157