

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90058 008 ***150.00

DOCUMENT # F97000001815

1. Entity Name
SAAB TRAINING INC.

Principal Place of Business

**3050 TECHNOLOGY PKWY
 STE 130
 ORLANDO FL 32826
 US**

Mailing Address

**3050 TECHNOLOGY PKWY
 STE 130
 ORLANDO FL 32826
 US**

00020443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2310523**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLYDESDALE, ROBERT	
STREET ADDRESS	5217 RIVERHILL ROAD	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINDGREN, JORGEN	
STREET ADDRESS	G ZILOS V.5/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, HANS	
STREET ADDRESS	ASTRONOMGATAN 10/ S-554 48 JONKOPING	
CITY-ST-ZIP	SWEDEN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TURRENTINE, J D	
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		

TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ohlson, Johan	
STREET ADDRESS	Stensholmsvagen 20	
CITY-ST-ZIP	Huskvarna, Sweden SE 56185	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stander, Hans	
STREET ADDRESS	Stensholmsvagen 20	
CITY-ST-ZIP	Huskvarna, Sweden SE 56185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorgen Lindgren* **Jorgen Lindgren** *March 14, 2001* **407-380-2425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)