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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P17769** **(1)**

1. Corporation Name
SAGE CUTTERS, INC.

Principal Place of Business	Mailing Address
1712 HOPKINS CROSSROAD MINNEAPOLIS MN 55305	1712 HOPKINS CROSSROAD MINNEAPOLIS MN 55305

3. Date Incorporated or Qualified: 01/26/1988
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business	2a. Mailing Address
21 1107 HAZELTINE BLVD. #200	26 1107 HAZELTINE BLVD
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 CHASKA MN	City & State 28 CHASKA, MN
Zip / Country 24 55318 / 25 USA	Zip / Country 29 55318 / 30 USA

4. FEI Number: 41-1603179 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOODMAN, JOHN B. 1712 HOPKINS CROSSROAD MINNETONKA MN	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1107 HAZELTINE BOULEVARD, SUITE 200 CHASKA MN 55318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST GOODMAN, SIDNEY A. 1712 HOPKINS CROSSROAD MINNETONKA MN	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1107 HAZELTINE BOULEVARD, SUITE 200 CHASKA MN 55318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, SIDNEY A. 1712 HOPKINS CROSSROAD MINNETONKA MN	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1107 HAZELTINE BOULEVARD, SUITE 200 CHASKA, MN 55318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: SIGNATURE REQUIRED John B. Goodman Pres. 2/8/97 (612)361-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0627708