

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

97 OCT -8 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # S92083 (2)  
1. Corporation Name  
SAI/DELTA, INC.



Principal Place of Business: 900 HUYLER STREET, TETERBORO NJ 07608  
Mailing Address: 900 HUYLER STREET, TETERBORO NJ 07608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1991		3a. Date of Last Report 07/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1971549		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
JENKINS, JOHN V  
488 N.E. 208TH LANE  
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent  
81 Name: C T Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road  
83  
84 City: Plantation FL 85 Zip Code: 33324

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: *Lisa K. Pastor* Lisa K. Pastor Asst. Secretary 9/18/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEVITO, JOHN	
STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOBOZZO, JOSEPH M II	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621, 3	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JULIAN, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621, 3	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MCCUSKER, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14621, 3	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ENGFRIED, ALFRED	
STREET ADDRESS	366 WHITE SPRUCE BLVD.	
CITY-ST-ZIP	ROCHESTER NY 14623	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	METRICK, MARY	
STREET ADDRESS	900 HUYLER STREET	
CITY-ST-ZIP	TETERBORO NY 07608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D JOHN T. SMITH
1.3 STREET ADDRESS	690 PORTLAND AVENUE
1.4 CITY-ST-ZIP	ROCHESTER, NY 14623
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO FRANK J. DOBBELLY
2.3 STREET ADDRESS	900 HUYLER STREET
2.4 CITY-ST-ZIP	TETERBORO, NJ 07608
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	200002316532--5
3.3 STREET ADDRESS	-10/09/97--01104--012
3.4 CITY-ST-ZIP	****550.00 ****550.00
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 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: *Lisa K. Pastor* CURBE P... OFFICER 9/18/97 (201) 440-450

CR2E034 (4/97)