

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000179

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 10 PM 2:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified
 11/05/1991

4. FEI Number
 58-1971549 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
 900002612549-3

83 -08/11/98--01031--009

84 City
 ***550.00 ***550.00
 FL 35 Zip 07608

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	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 14623 1	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JULIAN, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14623 1	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MCCUSKER, MICHAEL	
STREET ADDRESS	690 PORTLAND AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14623 1	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ENGELFRIED, ALFRED	
STREET ADDRESS	388 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	
1.3 STREET ADDRESS	JOHN T. SMITH
1.4 CITY-ST-ZIP	690 PORTLAND AVENUE ROCHESTER, N.Y. 14621
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO
2.3 STREET ADDRESS	FRANK J. DONNELLY
2.4 CITY-ST-ZIP	900 HUYLER STREET TETERBORO, N.J. 07608
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 in person; 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: _____ DATE: 7/24/98 (201) 440-8585

CR2E034 (5/98)