

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006646

FILED
Apr 24, 2006
Secretary of State

Entity Name: SILVERPLATTER INFORMATION, INC.

Current Principal Place of Business:

100 RIVER RIDGE DR
NORWOOD, MA 02062

New Principal Place of Business:

Current Mailing Address:

2700 LAKE COOK ROAD
WKSU LEGAL
RIVERWOODS, IL 60015

New Mailing Address:

FEI Number: 04-2887102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCAULLEY, JEFFERY
Address: 530 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: S () Delete
Name: LENZ, BRUCE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: VP () Delete
Name: GORDON, DALE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: AT () Delete
Name: HEALY, PETER F
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: DP () Delete
Name: FOSTER, GARY
Address: 333 SEVENTH AVE.
City-St-Zip: NEW YORK, NY 10001

Title: CFO () Delete
Name: HOLDER, LINDA
Address: 530 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCAULLEY, JEFFERY
Address: 161 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: HOLDER, LINDA
Address: 333 SEVENTH AVE
City-St-Zip: NEW YORK, NY 10011

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE C. GORDON

VP

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date