


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90050 037 \*\*\*150.00

**DOCUMENT # F46316**  
 1. Entity Name  
**SSLIC HOLDING CORPORATION**



Principal Place of Business 755 RINEHART RD PO BOX 958402 LAKE MARY, FL 32795-5402	Mailing Address 755 RINEHART RD PO BOX 958402 LAKE MARY, FL 32795-5402
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03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 63-0708035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SILL, STEPHEN M  
 755 RINEHART RD  
 LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIST, SCOTT M 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SILL, STEPHEN M 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD QUIST, ROBERT G 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKSTEAD, JACK L 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, ROBERT G 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR, NORMAN G 5300 S 360 W STE 200 SALT LAKE CITY, UT 84123

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diana C. Olson **DIANA C. OLSON** 3-15-04 (801) 261-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #